THE CORPORATION OF THE DISTRICT OF KENT
P.O. BOX 70, 7170 CHEAM AVENUE, AGASSIZ BC V0M 1A0
TEL: (604)796-2235 FAX: (604)796-9854

SUBDIVISION APPLICATION

APPLICANT'S NAME: _____
Last Name First Name Middle Name

TELEPHONE: OFFICE: _____ CELLULAR: _____ FAX: _____

PROPERTY OWNER: _____
Name as appears on Title Search

PROPERTY CIVIC ADDRESS: _____
NUMBER STREET NAME CITY PROV POSTAL CODE

LEGAL DESCRIPTION: _____

_____ P.I.D.#_____

Purpose of application: *(attach letter if more space is required)*

SUBDIVISION TYPE: ☐ Boundary Adjustment ☐ Consolidation ☐ Fee Simple ☐ Bareland Strata
☐ Common Strata ☐ Other (explain)_____

LAND USE Current Zoning: ☐ A ☐ RR1 ☐ RR2 ☐ RS1 ☐ RS2 ☐ RT ☐ RL ☐ RM1 ☐ RM2 ☐ RH ☐ CT1 ☐ CT2
☐ CS1 ☐ CS2 ☐ CS3 ☐ CM ☐ CH ☐ M1 ☐ M2 ☐ M3 ☐ MR ☐ P1 ☐ P2

PARCEL DESCRIPTION

EXISTING # OF LOTS_____ EXISTING SIZE AND ZONING OF EACH LOT_____

_____

PROPOSED # OF LOTS_____ PROPOSED SIZE AND ZONING OF EACH LOT_____

_____

(USE REVERSE IF MORE SPACE IS REQUIRED)

Current use: _____ ***Proposed use:*** _____

NOTE: IF THE APPLICANT IS NOT THE PROPERTY OWNER, A LETTER OF AGENCY MUST BE ATTACHED.

_____ _____
DATED SIGNATURE OF APPLICANT

_____ _____
DATED SIGNATURE OF PROPERTY OWNER(S)

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