

ZONING COMPLIANCE FORM

Permit No: _____

Address: _____

Location Plan:

Does the proposed construction meet Zoning Bylaw regulations for the following?

- | | | | | |
|---------------------------|--------------------------|-----|--------------------------|----|
| Zoning Designation | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Setbacks | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Proposed Use | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Zoning Amendment Required | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Comments

Applicant Signature _____

Chief Administrative Officer/Designate _____