

DEVELOPMENT APPLICATION FORM FOR PLANNING DIVISION

Planning and Development Department 4949 Canada Way, Burnaby, BC V5G 1M2 Phone: 604-294-7400 E: planning@burnaby.ca

Section 1: Application Information

Section 1. Application information					
Please choose the applicable application type below (check all that apply):					
		ouncil represents the Ow ve supported the Applicat		cil meeting minutes a	re required to show
Rezoning / Plan An Standard Rezon CD Rezoning Master Plan Re OCP/CP Amend	ning zoning	Subdivision ☐ Standard Subdiv ☐ Air Space Parcel ☐ Phased Strata ☐ Servicing Require ☐ Road Closure		Liquor Licence Food Primary Liquor Primary Cannabis Store New Licence Licence Amend	
Land Use Permit Temporary Use Development V	e Permit /ariance Permit	Strata Title R1 (SSMUH) Res Two-Family Resi Commercial / Ind	dential	Others Heritage Preliminary Pla	an Approval
Section 2: Property I	Information (include p	oostal code)			
SITE ADDRESS:				PID:	
SITE ADDRESS:				PID:	
SITE ADDRESS:				PID:	
SITE ADDRESS:				PID:	
SITE ADDRESS:				PID:	
SITE ADDRESS:				PID:	
PROPERTY INFO:	ZONE(S): OCP/CP DESIGNATION:				
	SITE AREA:		NO. OF LOTS:		
STRUCTURES TO BE:	☐ RETAINED	☐ EXPANDED	□ DEMOLIS H	IED/REPLACED	□ N/A
PPA ONLY:	ESTIMATED CONSTRUCTION VALUE:				
DESCRIPTION OF TH	IE PROPOSAL:				
PROPOSED DEVELOPMENT:	ZONE(S):		OCP/CP DESIG	NATION:	
(Rezoning only)	FAR:		NO. OF LOTS:		
	LAND USE(S):				

Section 3: Registered Owner(s) Information (c	all listed Land Title Owners must complete	2)
Owner / Company & Representative Name:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	CELL PHONE:	
E-MAIL:	OWNER TO BE NOTIFIED AT MILE	ESTONES:
SIGNATURE:	DATE:	
O / Common. 9		
Owner / Company & Representative Name:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	CELL PHONE:	
E-MAIL:	OWNER TO BE NOTIFIED AT MILE	ESTONES: Yes No
SIGNATURE:	DATE:	
Owner / Company &		
Representative Name:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	CELL PHONE:	
E-MAIL:	OWNER TO BE NOTIFIED AT MILE	ESTONES: □Yes □No
SIGNATURE:	DATE:	
Owner / Company &		
Representative Name:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	CELL PHONE:	
E-MAIL:	OWNER TO BE NOTIFIED AT MILE	ESTONES: 🗆 Yes 🗆 No
SIGNATURE:	DATE:	
Section 4: Payer Information		
Owner / Company & Representative Name:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	CELL PHONE:	
EMAIL:		
•		

Section 5: Agent Contact	(Agent Authorization Form:	☐ Received	☐ Applicant is the owne	er)
NAME: (Print):				
COMPANY NAME:				
(If applicable)				
ADDRESS:		CITY:	POSTAL COI	DE:
PHONE NUMBER:		CELL PHONE:		
E-MAIL:		OWNER TO BE	NOTIFIED AT MILESTONES:	□Yes □No
				Date (YY/MMM/DD)
AGENT SIGNATURE:				
For CANNABIS RETAIL STORE	APPLICATIONS: Agent/Owner to in	itial beside below	statements:	
I understand that if I cancel my Cannabis Retail Store application, the City's application fee refund may be requested only during the 60 day application intake period. Once the intake period concludes, the City's application fee will not be refunded. I have read the City's Liquor and Cannabis Licensing Policy and accompanying Council report and understand that only one new retail cannabis store per City quadrant (a total of four new stores in the City) will be recommended for licensing to the LCRB				
Section 6: Site Disclosure Sta	tement (Rezoning or Subdivision	only)		
A Site Disclosure Statement wi	th an attached map has been comp	leted and include	ed in this submission packag	ge.
□ YES □ NO				
	pe found at <u>Site remediation forms</u> e Site Disclosure Statement, please		-	
Section 7: Owner / Agent Acknowledgement				
the Property, the City shall do is under no obligation to co	ne City is advised, in writing, that the call exclusively with the Agent regaremmunicate with the Owner or are supersedes all previous appointments.	ding the Applicat ny other person	ion. The Owner acknowled	ges that the City
registered owner(s), authori This application is subject Development Department sh of this application is true and	ust immediately notify the Plann zed agent, legal description, or desto further review and approval, ould not be considered as final approved to the best of our knowleds.	velopment propo and acceptance roval. We attest	sal, while the application i of the application by the	s under review. e Planning and
Section 8: FOI information				
application is accurate. I ackno	ncial licence and/or certification is in wledge that the City is relying on this all be done in accordance with all ap	declaration for iss	uance of permit. I further cor	nfirm that all work

Canada Way, Burnaby.

Personal information collected on this form is in accordance with s. 26(c) of the Freedom of Information and Protection of Privacy Act (RSBC 1996) for permitting purposes. Please be advised that permits are considered public records that are available in various City publications or disclosed through information requests. For questions regarding the collection, use and disclosure of personal information please contact the FOI Administrator at FOI@burnaby.ca or by calling 604-294-7944 or in person at City Hall at 4949

OFFICE USE ONLY					
Case #:	X-Ref:	Map #:			
Fees:	Invoice #:	Date:			