

# CITY OF MAPLE RIDGE PLANNING APPLICATION FORM

*A Pre-Application Meeting is generally required prior to submitting a Planning Application Form.  
Please visit [mapleridge.ca/342](http://mapleridge.ca/342) for more information.*

## SECTION A: (To be completed in full by the Applicant)

### Applicant:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Address, City and Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ **[Companies Require a BC Company Search]**

The personal information collected on this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act*. The City has authority to collect your information for the purposes of administering the Planning and Land Use Management processes in accordance with Part 14 of the *Local Government Act*. Applicants are advised that all Planning and Land Use Management processes are public and any materials submitted become part of the public record. All applicant information submitted may be used for reports to Council, available to the public upon request and distributed on the City's website, as well as displayed on signage. Should you have any questions or concerns about the collection and/or release of your personal information please contact Planning Department.

### Subject Property(ies):

Address(es) \_\_\_\_\_

Legal Description(s): \_\_\_\_\_

Meeting/ Correspondence with Planner/Technician: \_\_\_\_\_  
(Please state with who and when you met/ corresponded)

**Indicate (X) the type of application:**  
(Please select only one. Each Application requires its own completed Application Form and copies of all applicable documents)

Rezoning	
OCP Amendment	
Temporary Use Permit	
Subdivision	
Phased Strata	
Heritage Alteration/ Designation Permit	

Natural Features Development Permit	
Watercourse Development Permit	
Form and Character Development Permit	
Development Variance Permit	
Wildfire Development Permit	
Minor Amendment Development Permit	

**Project Description:**  
\_\_\_\_\_  
\_\_\_\_\_

(If applying for a DVP, please list all variances requested)

This application is made with my full knowledge and consent.

Registered Owner's Name(s):  

Print Name	Signature
Print Name	Signature

By signing this application form, the applicant/owner attests that the information provided on this and supplemental application forms for land use permits from the City of Maple Ridge is true and correct to the best of his/her knowledge. Any material falsehood or any omission of a material fact made by the applicant/owner with respect to this application may result in an issued permit becoming null and void.

**This application is made with full knowledge that I am the sole agent for the owner(s) and will be the only contact with City Planning Staff.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In order for an application to be considered complete, please ensure that the plans and support documents required under the Development Applications Submission Checklist are submitted with this application form.**

## SECTION B: (To be completed by Planning Staff)

File No: _____	Previous File(s): _____
Present Zoning: _____	Present OCP Designation: _____
Proposed Zoning: _____	Proposed OCP Designation: _____
Application Fee: \$ _____	Receipt No.: _____
Date: _____	Signature: _____