



Planning Department
7 Milne Street, PO Box 359
Minden, ON K0M 2K0

Site Specific Zoning Request
The following information must be completed in full

Property Owner: _____

Part Lot _____ Concession _____, geographic Township _____

Property Assessment Roll Number 4616- _____ -000- _____ -0000

Street Name and Number: _____

Search Requested By:

Name: _____

Agency: _____

Address: _____

Telephone Number:

Business: _____ Home: _____

Conditional/Requisition Date: _____

It is respectfully requested that this request is submitted a minimum of one (1) week prior to the above noted date. Staff will make every effort to provide the site specific zoning request on or before the above noted date.

Signature of Owner or Authorized Agent

Date
