



TOWN OF LADYSMITH
Development Application Form
 \$2000

<input checked="" type="checkbox"/> Official Community Plan (OCP) and/or Zoning Bylaw Amendment	<input type="checkbox"/> Development Permit (DP)	<input type="checkbox"/> Development Variance Permit (DVP)	<input type="checkbox"/> Temporary Use Permit (TUP)
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Applicant Information

Any personal information provided in this application is collected for the purpose of administering the Local Government Act, and the Bylaws of the municipality under the Local Government Act, and under the authority of those enactments. Questions about the collection of the information may be directed to the Freedom of Information Officer.

Applicant Name CHRIS RONARD		
Company Name VAN ISLE STORAGE LTD		
Telephone	Cell Phone 250 882 4242	E-mail info@vanislestorage.com
Mailing Address PO BOX 24070 VICTORIA BC V8Z 7E7		Postal Code V8Z 7E7

Property Information

Civic address of property 10910 WESTDOWNE RD V8R 2E0
Current use of property EMPTY LOT
Size of property 2.6 acres

Project Information

For all applications complete the attached 'Development Application Checklist'.

OCP and Zoning Bylaw amendment applicants are required to complete the attached 'Sustainable Development Checklist' (SDC). DP, DVP, and TUP applicants are encouraged to complete the SDC.

In a separate letter fully describe the proposed development. OCP and Zoning Bylaw amendment applicants are required to include details of community benefits and a "vision context statement" explaining how the proposal meets the 'Community Vision for a Sustainable West Coast Town'.

Authorization – All property owners on the certificate of title must complete this section.

I/We hereby declare that all of the above statements and information contained in the material submitted in support of this application are, to the best of my knowledge, true and correct in all respects.

Registered Owner's Name: CHRIS RONARD	Registered Owner's Signature: <i>This application is made with my full knowledge & consent.</i>	Date: SEPT 14 2018
Registered Owner's Name: RITA BISHOP	Registered Owner's Signature: <i>This application is made with my full knowledge & consent.</i>	Date: SEP 14 2018
Applicant's Name:	Applicant's Signature:	Date:

To submit by mail: Town of Ladysmith P.O. Box 220 Ladysmith, BC V9G 1A2	To submit in person: City Hall 410 Esplanade Ave. Ladysmith, BC	For further information: Planner, Development Services Department 132C Roberts St., Ladysmith, BC Telephone: 250-245-6400 Email: lbrinkman@ladysmith.ca
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