



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

\_\_\_\_\_

\_\_\_\_\_