

City of Chilliwack – Development Permit Application

Civic address of properties to which this Development Permit will be applicable to:

Purpose of application: *(attach letter if more space is required)*

DP Type:

- | | |
|--|---|
| <input type="checkbox"/> DP1 Mun. Watershed | <input type="checkbox"/> DP5 Promontory - Form & Character |
| <input type="checkbox"/> DP2 Hillside & Upland | <input type="checkbox"/> DP6 Downtown |
| <input type="checkbox"/> DP3 Lickman Rd | <input type="checkbox"/> DP7 Eastern Hillside |
| <input type="checkbox"/> DP4 Yale Rd E & Wellington Ave. | <input type="checkbox"/> DP8 Young, Yale-Vedder, Luckakuck Corridor |
| <input type="checkbox"/> DP 9 Chilliwack Proper Infill | <input type="checkbox"/> DP 10 Riparian |

Zoning: _____

DETAILS:

Please check all applicable details:

☐ Site Profile Qty: _____

	Hectares		Hectares
<input type="checkbox"/> 1 or 2 Family Dwelling		<input type="checkbox"/> DP Area 8 Downtown (Commercial, Industrial or Institutional with a value less than \$50,000.)	
<input type="checkbox"/> Multi-Family		<input type="checkbox"/> Commercial, Industrial or Institutional	

Owner: *(If owner is not able to sign application, please provide a letter of authorization)*

Name:		Signature:	
Address:		Postal Code:	
e-mail:	Phone:	Cell:	Fax:

Applicant:

Name:		Contact:	
Address:		Postal Code:	
e-mail:	Phone:	Cell:	Fax:

I/We have attached to this application the attachments required as noted on the reverse side of this form and hereby agree to submit further information deemed necessary for processing this application.

Signature

Print Name

Date: