

PO Box 879, 1027 Aldous Street, Smithers, BC V0J 2N0 Telephone (250) 847-1600 Fax (250) 847-1601

## PRELIMINARY SUBDIVISION REVIEW APPLICATION

(PAID Stamp)

Application Date:	
\$50 Fee Paid? Yes No Enter MS/DEV002	
Owner Name:	Applicant Name (if different):
Address:	Address:
Phone: Fax:	Phone: Fax:
SUBJECT PROPERTY INFORMATION	
Civic Address: Leg	gal Description:
OCP Designation: Zon	ning:
Development Permit Area? Yes No Cur	rrent Title Search Attached?
Site Profile Attached?	Plan Attached (two copies)?
Property Size: Nun	mber of Proposed Lots:
DESCRIPTION OF PROPOSED SUBDIVISION & USE	
AUTHORIZATION	
Signature of registered property owner if the applicant is not the owner (If not available please attach Letter of Agency from the owner)	
Signature of Applicant	

Your personal information is maintained in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions regarding the use of your personal information, please call the Director of Corporate Services for the Town of Smithers, 250-847-1600.