

REGIONAL SERVICE

COMMISSION 8

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Do Not Write in Shaded Areas

File No.	Receipt No.
Zoning Confirmation <input type="checkbox"/>	Zoning Compliance <input type="checkbox"/>

Zoning Confirmation/Compliance Application

Applicant Information

Applicant: _____ Registered Owner (if different): _____
 Phone: _____ Fax: _____
 Address: _____ Postal Code: _____
 Email: _____

Property Requiring Zoning Confirmation/Compliance

Property Identification Number (on Tax Bill): _____
 Location: _____ Postal Code: _____

Additional Information Requested

How shall we notify you once the process is complete? (Check and complete)

A. Call you for pick

Name: _____ Phone: _____ Fax: _____

B. Mail you the results Same as above

Mail to: _____ Postal Code: _____

C. Fax you the results Fax: _____

D. Email the results

Zoning Confirmation Fee \$100

Zoning Compliance Fee \$200

Method of Payment (Check one): Cash Cheque Credit Card Debit

Credit Card Number: _____ Expiry Date ____/____

Signature

Applicant's Signature _____ Date _____