



27 Winter Street, Unit 2, Sussex, NB E4E 2H9  
Tel: (506) 432-7530 e-mail: info@rsc8.ca

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

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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

Information is provided in written letter format

#### Method of Payment

Zoning Confirmation Fee \$100

Zoning Compliance Fee \$200

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

Credit Card Number: \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_ CVC Number: \_\_\_\_

Card Holder Name: \_\_\_\_\_

#### Signature

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_