## Master Plan Policy: Project Proposal Application

City of Whitehorse Master Plan Policy 2024-04

| Municipal Address:   |  |   | #:   | Street:                                     |  |   |  |
|--|--|---|--|---|--|---|--|
| Legal Description:   |  |   | Lot/Block:   |   | Plan #:                                    | Subdivision:                                |  |
| If the application includes more than one lot, please provide the description for all additional lands on a separate page.   |  |   |  |   |  |   |  |
| Property Owner   |  |   |  |   |  |   |  |
| Owner Na   | ame:   |   |  |   |  |   |  |
| Contact information:   |  | Phor  | ne:  |   | E-mail:                                    |   |  |
|  |  | Mailing Address:  |  |   |  |   |  |
| Authorized<br>Agent:<br>(If applicable)  |  | If you are an agent acting on behalf<br>of the property owner (such as a<br>property manager or an authorized |  |   | Name:                                      |   |  |
|  |  |   |  |   | Phone:                                     | Email:                                      |  |
|  |  |   | signatory for a corporation) please provide proof of authorization.  |   | Mailing Address:                           |   |  |
| L *  |  |   | includes more than one owner, please provide the contact information for all additional owners on a separate page. |   |  |   |  |
| Applicant (If Different From Owner/Agent)  |  |   |  |   |  |   |  |
| Name:  |  |   |  |   |  |   |  |
| Contact<br>Information:  |  | Phone:  |  | E-mail:                                     |  |   |  |
|  |  | Mailing Address:  |  |   |  |   |  |
| Applicable Master Plan tier (as determined in the Project Proposal)  |  |   |  |   |  |   |  |
| □ <b>Tier</b> □ Planning Area is located within the urban containment boundary, is less than five hectares, and Granular Reso  |  |   |  |   |  | s than five hectares, and Granular Resource |  |
| One Extraction is not proposed; <i>or</i> □ Planning Area is located outside of the urban containment boundary, is le  |  |   |  | s less than 20 hectares, and Granular       |  |   |  |
| Resource Extraction is not proposed.   |  |   |  |   |  |   |  |
| □ Tier<br>Two  |  |   |  |   |  |   |  |
| 1.00   |  | Planning Area is located within the urban containment boundary and is between five and 10 hectares; <i>or</i> |  |   |  | between five and 10 hectares; or            |  |
| ☐ Planning Area is located outside the urban containment boundary, is less than 2  |  |   |  | ess than 20 hectares, and Granular Resource |  |   |  |
| Extraction is proposed; <i>or</i> □ Planning Area is located outside of the urban containment boundary and is between 20 hectares and 8  |  |   |  |   | nd is between 20 hectares and 80 hectares. |   |  |
| □ Tier   | er ☐ Planning Area is located within the urban containment boundary and is more than 10 hectares; or |   |  |   |  |   |  |
| Three  | Planning Area is located outside of the urban containment boundary and is more than 80 hectares.     |   |  |   |  |   |  |
| Important (Please read before submitting this application)   |  |   |  |   |  |   |  |
| Master Plans shall be prepared in conformance to Policy 2024-04 Land Use Master Plan Policy.   |  |   |  |   |  |   |  |
| A proposed Master Plan which has been denied by the approving authority within the previous twelve (12) months shall not be reconsidered unless Council otherwise directs by Resolution.   |  |   |  |   |  |   |  |
| Information given on this form and on the other required application items, are to the best of my knowledge, a true statement of the facts   |  |   |  |   |  |   |  |
| relating to this application for master plan approval.  Acknowledgement  |  |   |  |   |  |   |  |
|  |  |   |  |   |  |   |  |
| I hereby certify that I am the registered owner, or authorized agent of the owner, and hereby make application for a Master Plan Project Proposal subject to the provisions of the Whitehorse Land Use Master Plan Policy (2024-04) in accordance with the plans and supporting information submitted herewith and which forms part of this application. |  |   |  |   |  |   |  |
| Signature o  | of Owne  | r/Ager  | nt:  |   |  | Date:                                       |  |
| Signature of Applicant:  |  |   |  |   |  | Date:                                       |  |

FURTHER INFORMATION MAY BE PROVIDED BY APPLICANT ON ADDITIONAL ATTACHMENTS