

**Regional District of North Okanagan**

9848 Aberdeen Road

Coldstream, BC V1B 2K9

Tel: (250) 550-3700 / Fax: (250) 550-3701 / [info@rdno.ca](mailto:info@rdno.ca)

**APPLICATION FOR A STRATA SUBDIVISION**

<b>FOR OFFICE USE ONLY:</b>	
APPLICATION FEE OF \$	RECEIVED BY:
RECEIPT NO.:	
DATE:	
PRELIMINARY REVIEW BY:	

I/We hereby make application under Section 242 of the Strata Property Act

For the property described as in the attached form (legal description of property):

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and located at (street address or general location):

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_____	_____
Date	Applicant's Signature

THIS APPLICATION IS MADE WITH MY FULL KNOWLEDGE AND CONSENT:

_____	_____
Date	Registered Owner's Signature

_____	_____
Date	Registered Owner's Signature

<p>Where the applicant is <b>NOT</b> the REGISTERED OWNER(S), the Application must be signed by the <b>REGISTERED OWNER(S)</b>, or his AUTHORIZED AGENT (use a separate sheet if necessary)</p>
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## STRATA SUBIVISION INFORMATION FORM

THE INFORMATION REQUESTED IN THIS FORM IS REQUIRED TO EXPEDITE THE APPLICATION AND ASSIST THE STAFF IN PREPARING A RECOMMENDATION.

The form is to be completed in full and submitted with all requested information, Strata Subdivision Application, Application Fee, and Title Search or Certificate of Indefeasible Title for the subject property.

### 1. Applicant and Registered Owner(s)

Applicant's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone No. (home): \_\_\_\_\_

Phone No. (work): \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Registered Owner's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone No. (home): \_\_\_\_\_

Phone No. (work): \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

**A copy of a Title Search, or a copy of a Certificate of Indefeasible Title, dated no more than thirty (30) days prior to submission of the application, must accompany the application as a proof of ownership.**

**Agent Authorization (if applicable) must accompany this application form.**

### 2. Application Process

If this application is approved by the Regional Board it will be conditional with respect to provision of the following:

- parking requirements (2 parking stalls per dwelling unit) or as required by the Regional District of North Okanagan Zoning Bylaw No. 1888, 2003 with respect to Commercial/Industrial development;
- parking requirements as required by the Silver Star Zoning Bylaw No. 1926, 2004;
- if within a water metered area, provision of one meter per dwelling unit; and
- the Building Inspector and Fire Prevention Officer will undertake inspections to ensure that the building meets all requirements of the applicable Building and Plumbing Codes with respect to construction.

This strata subdivision application may be circulated to the following agencies for their comments:

Engineering Department

Parks and Recreation Department

Office Copy

Regional Fire Prevention Officer/Fire Chief

BC Hydro

Ministry of Forests

Telus

Building Inspection Department

Terasen Gas

BC Assessment Authority

Cable TV Company (SHAW)

Canada Post

Improvement District

Archaeological Sites Branch

Ministry of Transportation

Adjacent Municipality or Regional District

Interior Health Authority

Heritage Branch

Advisory Planning Commission

Other

**4. Reasons in Support of Application**

Reasons and comments in support of the application (use separate sheet if necessary):

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Date

Applicant's Signature

## 5. Required documents to accompany application form

At the time of providing Application and Information Form to the applicant, the Regional District of North Okanagan Development Services Department shall indicate which of the following attachments are required or not required for this application. The Development Services Department may also require additional information.

- a. A copy of a Title Search, or a copy of a Certificate of Indefeasible Title, dated no more than thirty (30) days prior to submission of the application.

REQUIRED: Yes

- b. A dimensioned Sketch Plan showing the parcel(s) or part of the parcel(s) to be developed and the location of existing buildings, structures, and uses.

REQUIRED: Yes  No

- c. A dimensioned Site Development Plan showing the proposed use, buildings and structures, highway access, parking, etc.

REQUIRED: Yes  No

- d. A Contour Map (Plan), if warranted by the topographic condition of the subject site.

REQUIRED: Yes  No

- e. A dimensioned Sketch Plan of the proposed subdivision, where subdivision (small or large) is contemplated.

REQUIRED: Yes  No

- f. Floor plan showing rooms and strata subdivision boundaries.

REQUIRED: Yes  No

### FOR OFFICE USE ONLY:

- a. Water course/body nearby:

Yes  No

- b. Within the Agricultural Land Reserve:

Yes  No

- c. Affected by Controlled Access Highway:

Yes  No

- d. Major Grid Road other than Controlled Access Highway:

Yes  No

**AGENCY REFERRAL:**

THIS SUBDIVISION APPLICATION MAY BE CIRCULATED TO THE FOLLOWING AGENCIES FOR THEIR COMMENTS:

Engineering Department	<input type="checkbox"/>	Parks and Recreation Department	<input type="checkbox"/>
Office Copy	<input type="checkbox"/>	Regional Fire Prevention Officer/Fire Chief	<input type="checkbox"/>
BC Hydro	<input type="checkbox"/>	Ministry of Forests	<input type="checkbox"/>
Telus	<input type="checkbox"/>	Building Inspection Department	<input type="checkbox"/>
Terasen Gas	<input type="checkbox"/>	BC Assessment Authority	<input type="checkbox"/>
Cable TV Company (SHAW)	<input type="checkbox"/>	Canada Post	<input type="checkbox"/>
Improvement District	<input type="checkbox"/>	Archaeological Sites Branch	<input type="checkbox"/>
Ministry of Transportation & Infrastructure	<input type="checkbox"/>	Adjacent Municipality or Regional District	<input type="checkbox"/>
Interior Health Authority	<input type="checkbox"/>	Heritage Branch	<input type="checkbox"/>
Advisory Planning Commission	<input type="checkbox"/>	Other	<input type="checkbox"/>

AGENCIES RECEIVING A COPY OF THIS PROPOSED SUBDIVISION ARE HEREBY REQUESTED TO PROVIDE COMMENTS TO MR. STEVE NOAKES, PLANNER, REGIONAL DISTRICT OF NORTH OKANAGAN, 9848 ABERDEEN ROAD, COLDSTREAM, BC V1B 2K9, OR FAX TO (250) 550-3701.

IF WE DO NOT RECEIVE A REPLY FROM YOUR OFFICE WITHIN 21 DAYS OF THE DATE OF THIS REFERRAL, WE WILL ASSUME THAT YOU DO NOT HAVE A PROBLEM WITH THE PROPOSED SUBDIVISION.

COMMENTS:

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NAME (please print)	POSITION	TELEPHONE NO.

RDNO File No. \_\_\_\_\_