

**SCHEDULE A.1**

RDNO Application/File No. \_\_\_\_\_

**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 OFFICIAL COMMUNITY PLAN AMENDMENT**

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

I/We hereby make application under the provisions of Part 26 of the Local Government Act for:  
(check where applicable)

\_\_\_\_\_ a change in Land Use Designation  
 \_\_\_\_\_ an amendment to the text of Official Community Plan Bylaw No. \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

and located at (street address or general location):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

from current \_\_\_\_\_ to proposed \_\_\_\_\_  
 (designation) (designation)

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

THIS APPLICATION IS MADE WITH MY FULL KNOWLEDGE AND CONSENT:

\_\_\_\_\_ Date \_\_\_\_\_ Registered Owner's Signature

\_\_\_\_\_ Date \_\_\_\_\_ Registered Owner's Signature

Where the applicant is **NOT** the REGISTERED OWNER(S), the Application must be signed by the **REGISTERED OWNER(S)**, or his AUTHORIZED AGENT  
(use a separate sheet if necessary)

**OFFICIAL COMMUNITY PLAN AMENDMENT 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, Official Community Plan Amendment 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. Text Amendment**

a. Description of the Proposed Text Amendment (if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Redesignation – Property to be Redesignated**

a. Size of property (area, number of parcels):

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b. Present Designation:

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Proposed Designation:

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c. Description of Existing Use/Development (use separate sheet if necessary):

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d. Description of the Proposed Use/Development (use separate sheet if necessary):

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e. Services currently existing or readily available to the property (check applicable area):

<u>Services</u>	<u>Currently Existing</u>		<u>Readily Available*</u>	
	YES	NO	YES	NO
Road Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Bus Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Readily Available means existing services can be easily extended to the subject property

f. Proposed Water Supply Method:

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g. Proposed Sewage Disposal Method:

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h. Approximate commencement date of proposed project:

**4. Reasons in Support of Application**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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

**FOR OFFICE USE ONLY:**

a. Water course/body within 30 metres:

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 

e. Referral to:

APC Chairman

Yes No 

Director

Yes No 

Interior Health Authority

Yes No Ministry of Transportation &  
InfrastructureYes No Ministry of Community  
DevelopmentYes No 

Other

Yes No 

Other

Yes No 

Other

Yes No 

FORMS DULY COMPLETED, RECEIVED:

\_\_\_\_\_  
(signature)

DATE: \_\_\_\_\_