

**SCHEDULE A.4**

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 PERMIT**

<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 a: (check where applicable)

- \_\_\_\_\_ Development Variance Permit
- \_\_\_\_\_ Development Permit – circle one or more of the following:  
*Form & Character; Wildfire; Floodplain; or Protection of the Natural Environment*
- \_\_\_\_\_ Temporary Commercial and Industrial Permit

To permit the proposed development as described in the attached form upon (legal description of property):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

and located at (street address or general location):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 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)

**PERMIT 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, Permit 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. Subject Property and Development**

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

b. Present Zoning: \_\_\_\_\_

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

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



#### 4. 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. Consent of Ministry of Transportation Required\* for Development Permit:

Yes  No

\*Yes, if proposed building is larger than 4 500 m<sup>2</sup>

f. Referral to:

APC Chairman	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Director	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Interior Health Authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ministry of Transportation & Infrastructure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ministry of Community Development	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FORMS DULY COMPLETED, RECEIVED:

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

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