



REGIONAL DISTRICT NORTH OKANAGAN

9848 Aberdeen Road
Coldstream, BC V1B 2K9
Tel: (250) 550-3700 /
Fax: (250) 550-3701
info@rdno.ca

Office Use Only:

RDNO File #: _____

Application Fee: \$ _____

Receipt No.: _____

Date Received: _____

Received by: _____

Application for Development Permit or Development Variance Permit

Development Permit			
<u>Electoral Areas B & C</u>	<u>Electoral Areas D & E</u>	<u>Electoral Area F</u>	<u>Silver Star</u>
<input type="checkbox"/> Riparian & Swan Lake	<input type="checkbox"/> Hazardous Lands	<input type="checkbox"/> Fall Creek Slide	<input type="checkbox"/> Subdivision
<input type="checkbox"/> Environmentally Sensitive	<input type="checkbox"/> Commercial and Industrial	<input type="checkbox"/> Shuswap River Floodplain	<input type="checkbox"/> Form and Character
<input type="checkbox"/> Wildfire Interface		<input type="checkbox"/> Wildfire Hazard	<input type="checkbox"/> Natural Environment
<input type="checkbox"/> Commercial/Industrial/Comp.		<input type="checkbox"/> Form and Character	<input type="checkbox"/> Wildfire Hazard
<input type="checkbox"/> Development Permit Amendment		<input type="checkbox"/> Development Variance Permit	

LOCATION

Legal Description: _____

PID: _____

Civic Address: _____

APPLICANT

EMAIL: _____

Applicant Name: _____

Address: _____ Postal Code: _____

Phone No. (primary): _____ Phone No. (secondary): _____

Date: _____ Signature: _____

PROPERTY OWNER

EMAIL: _____

Owner Name(s): _____

Address: _____ Postal Code: _____

Phone No. (primary): _____ Phone No. (secondary): _____

This application is made with my full knowledge and consent:

Date: _____ Signature: _____

Date: _____ Signature: _____

Where the applicant is NOT the registered owner(s), the application must be signed by the registered owner(s), or their authorized agent. Agent authorization (if applicable) must accompany this application form

PROPERTY DETAILS

Size of Property (area): _____ Present Zoning: _____

Description of Existing Uses and Buildings (use separate sheet if necessary): _____



SCHEDULE 1 SITE DISCLOSURE STATEMENT

I. CONTACT INFORMATION

A: SITE OWNER(s) or OPERATOR(s)			
LAST NAME		FIRST NAME(s)	
COMPANY (if applicable)			
ADDRESS - STREET		CITY	
PROVINCE/STATE	COUNTRY		POSTAL CODE
PHONE		E-MAIL	

B: PERSON COMPLETING SITE DISCLOSURE STATEMENT (Leave blank if same as above)	
<input type="checkbox"/> Agent authorized to complete form on behalf of the owner or operator	
LAST NAME	FIRST NAME(s)
COMPANY (if applicable)	

C: PERSON TO CONTACT REGARDING THE SITE DISCLOSURE STATEMENT			
LAST NAME		FIRST NAME(s)	
COMPANY (if applicable)			
ADDRESS - STREET		CITY	
PROVINCE/STATE	COUNTRY		POSTAL CODE
PHONE		E-MAIL	

II. SITE INFORMATION

Coordinates (using the North American Datum 1983 convention) for the centre of the site:

Latitude			Longitude		
DEGREES	MINUTES	SECONDS	DEGREES	MINUTES	SECONDS

Attach a map of appropriate scale showing the location and boundaries of the site.

For Legally Titled, Registered Property

SITE ADDRESS (or nearest street name/intersection if no address assigned)	
CITY	POSTAL CODE

PID	Land Description	Add	Delete
		+	-
		+	-

For Untitled Crown Land

PIN numbers and associated Land Description (if applicable)

PIN	Land Description	Add	Delete
		+	-
		+	-

And if available

Crown Land File Numbers	Add	Delete
	+	-
	+	-

III. INDUSTRIAL OR COMMERCIAL PURPOSES OR ACTIVITIESHas the site been used for any industrial or commercial purposes or activities described in [SCHEDULE 2](#) of the Contaminated Sites Regulation?
 Yes No

If you answered YES to the question above, please indicate below, in the format of the example provided, which of the industrial or commercial purposes or activities have occurred or are occurring on this site.

EXAMPLE

Schedule 2 Reference	Description
E1	appliance, equipment or engine maintenance, repair, reconditioning, cleaning or salvage
F10	solvent manufacturing, bulk storage, shipping or handling

Schedule 2 Reference	Description	Add	Delete
		+	-
		+	-

IV. ADDITIONAL INFORMATION

1. Provide a brief summary of the planned activity and proposed land use at the site.

2. Indicate the information used to complete this site disclosure statement including a list of record searches completed.

3. List any past or present government orders, permits, approvals, certificates or notifications pertaining to the environmental condition of the site. (*Attach extra pages, if necessary*):

V. DECLARATIONS

1. Exemptions (See the Contaminated Sites Regulation, Division 3 of Part 2):

Does the application qualify for an exemption from submitting a site disclosure statement?

Yes No

If yes, indicate which exemption applies _____

2. Where a municipal approval is not required, please indicate the reason for submission directly to the registrar:

Under Order Foreclosure CCAA Proceedings BIA Proceedings

Decommissioning Ceasing Operations

By signing below, I confirm that the information in this form is complete and accurate to the best of my knowledge:

SIGNATURE

DATE SIGNED (YYYY-MM-DD)

APPROVING AUTHORITY CONTACT INFORMATION

NAME	AGENCY
ADDRESS	
PHONE	E-MAIL

Reason for submission (Please check one or more of the following):

Building Permit Subdivision Zoning Development Permit

DATE RECEIVED (YYYY-MM-DD)

DATE SUBMITTED TO REGISTRAR (YYYY-MM-DD)