



**REGIONAL DISTRICT  
NORTH OKANAGAN**

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Coldstream, BC V1B 2K9  
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**Office Use Only:**

RDNO File #: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

**Application for Official Community Plan or  
Zoning Amendment**

<input type="checkbox"/> Change to the Official Community Plan Land Use Designation	<input type="checkbox"/> Rezoning
<input type="checkbox"/> Text amendment to Official Community Plan	<input type="checkbox"/> Text amendment to Zoning Bylaw

**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, number of parcels): \_\_\_\_\_

Present Land Use Designation: \_\_\_\_\_ Proposed Land Use Designation: \_\_\_\_\_

Present Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

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

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# DEVELOPMENT PROPOSAL

Description of Development Proposal or Text Amendment (use separate sheet if necessary):

<u>Services</u>	<u>Currently Existing</u>		<u>Readily Available</u>		<u>Details</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"/>	

Proposed Water Supply Method:

Proposed Sewage Disposal Method:

Justification/Rationale in Support of the Application (a supplemental letter of rationale is encouraged):

## Required documentation to be submitted with application form:

- Application fee.
- Agent Authorization Form (if applicable).
- Title Search or a Certificate of Indefeasible Title dated no more than 30 days prior to submission of application.
- Dimensioned site plan showing the parcel to be developed and the location of existing buildings, structures, and uses.
- Dimensioned site plans showing the proposed area to be re-designated or rezoned, proposed use, proposed buildings and structures, road access, parking, etc.
- Floor plans, building elevations, section plans, landscape plans, servicing plans (as required – consult with Planning staff).
- A Contour Map (Plan), if warranted by the topographic condition of the subject site.



# 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 ACTIVITIES**

Has 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)