



**CITY OF KAMLOOPS
DEVELOPMENT AND ENGINEERING SERVICES DEPARTMENT**

Phone: 250-828-3561 Fax: 250-828-7848

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www.kamloops.ca

RESTRICTIVE COVENANT AMENDMENT OR DISCHARGE APPLICATION

Municipal Contact: _____ Application No.: _____ Date Received: _____

Applicant: _____ Email: _____

Address: _____ Postal Code: _____

Phone: _____ Fax: _____

Registered Owner: _____ Email: _____

Address: _____ (if not applicant) Postal Code: _____

Phone: _____ Fax: _____

SUBJECT PROPERTY

Legal Description: _____

Address: _____ Parcel Size: _____

Current Land Use/Zoning: _____

RESTRICTIVE COVENANT DETAILS

Covenant Restrictions: _____

Proposed Covenant Amendment: _____

Covenant Discharge: Yes No

Covenant Charge No(s): _____

ADDITIONAL INFORMATION: (Use separate sheet if required.)

REQUIRED SUBMISSIONS

- Application Fee \$ _____
- Certificate of Title (or \$25 search fee)
- Flood Plain Covenant Discharge (\$50)
- Original Restrictive Covenant
- Miscellaneous Covenant Discharge (\$50)
- Covenant Maps, Documentation and Attachments
- Covenant Amendment or Discharge Requiring a Public Hearing (\$1,500)

I/We _____
(Print Applicant's Name)

make application under the provisions of City of Kamloops Restrictive Covenant Amendment or Discharge Procedure By-law No. *** to amend or discharge a Restrictive Covenant. I agree to allow the agents of the City of Kamloops to enter onto the subject property to install a sign informing of any Public Hearing that may take place with respect to the application. I also certify that the information contained herein is correct to the best of my knowledge and belief. I understand that **this application, including any plans submitted, is public information**. I authorize reproduction of any plans/reports for purposes of application processing and reporting. I understand that personal information collected on this form is collected for the purpose of processing this application and for administrative purposes. Personal information is collected under the authority of the Local Government Act.

(Date) _____
(Applicant's Signature)

This application is made with my full knowledge and consent.

(Date) _____
(Registered Owner's Signature)

Comments: