



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

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

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www.kamloops.ca

ZONING BY-LAW AMENDMENT 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: _____

PROPOSED AMENDMENT

Proposed Zoning: _____

Proposed Use: _____

ADDITIONAL INFORMATION: (Use separate sheet if required.)

REQUIRED SUBMISSIONS

- Application Fee (\$1,500)
- Certificate of Title (or \$25 search fee)
- Landscape Plans**
- Owner Authorization
- Site Profile (provincial form)
- Building Plans and Elevations*
- Site Plan*
- Covenants/Rights-of-way Registered on Title
- Rezoning Sign Text (Approved by Staff)
- Development Checklist (North Shore **only**)

*All submitted plans and drawings shall be to a standard metric scale, shall include four full-size drawings, one set of 8½" x 11" sized drawings that can be reproduced by photocopier, one set of colour elevations, and one digital copy (PDF format).

**Landscape plans are required to be prepared by and bear the stamp of a Registered Landscape Architect and shall include Schedules L1, L2, and L3.

I/We _____
(Print Applicant's Name)

make application under the provisions of City of Kamloops Zoning By-law Amendment Procedure By-law to amend the Zoning By-law and **agree to install a sign on the subject property informing the public of this application within ten (10) days of the date of the application.** I further agree to allow 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 further agree to allow the agents of the City of Kamloops to enter onto the subject property to inspect the land and buildings. 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: