CITY OF KAMLOOPS
DEVELOPMENT, ENGINEERING, AND SUSTAINABILITY DEPARTMENT

Phone: 250-828-3561 | Email: planning@kamloops.ca | Kamloops.ca

Canada's Tournament Capital

REGISTERED CHARGE MODIFICATION OR RELEASE APPLICATION
(Restrictive Covenant or Statutory Right-of-way)

MUNICIPAL CONTACT: _____ APPLICATION NO.: _____ DATE RECEIVED: _____

APPLICANT: _____ EMAIL: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

REGISTERED OWNER (IF NOT APPLICANT): _____

ADDRESS: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

SUBJECT PROPERTY

LEGAL DESCRIPTION: _____

ADDRESS: _____ PARCEL SIZE: _____

CURRENT LAND USE/ZONING: _____

REGISTERED CHARGE DETAILS

TYPE OF CHARGE (CHOOSE ONE): RESTRICTIVE COVENANT ☐ STATUTORY RIGHT-OF-WAY ☐

PROPOSED MODIFICATION: _____

CHARGE RELEASE: YES ☐ NO ☐ CHARGE NO(S): _____

ADDITIONAL INFORMATION: (USE SEPARATE SHEET IF REQUIRED)

REQUIRED SUBMISSIONS

☐ APPLICATION FEE $ _____

- STATUTORY RIGHT-OF-WAY RELEASE ($100)
- FLOOD PLAIN COVENANT RELEASE ($100)
- MISCELLANEOUS COVENANT RELEASE ($100)
- COVENANT MODIFICATION OR RELEASE REQUIRING A PUBLIC HEARING ($2,000)

☐ CERTIFICATE OF TITLE

☐ COPY OF REGISTERED CHARGE

☐ LOCATION MAP AND REGISTERED PLAN

I/We _____
(Print Applicant's Name)

make application to modify or release a restrictive covenant or statutory right-of-way. I/we 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/we also certify that the information contained herein is correct to the best of my knowledge and belief. I/we 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: (USE ADDITIONAL SHEETS IF NEEDED)