

CITY OF KAMLOOPS DEVELOPMENT AND ENGINEERING SERVICES DEPARTMENT Phone: 250-828-3561 Fax: 250-828-3848

Email: planning@kamloops.ca www.kamloops.ca

PRELIMINARY DEVELOPMENT REVIEW APPLICATION

Municipal Contact:	Aj	oplication No.:	Date Received:	
Applicant:		Email:		
Address:		Postal Code:		
		Phone:	Fax:	
Registered Owner:		Email:		
Address:	(if not applicant)	Postal Code:		
		Phone:	Fax:	
			T UX	
SUBJECT PROPERTY				
Legal Description:				
Address:			Parcel Size:	
Current Land Use/Zoning:				
PROPOSED DEVELOPMENT				
Proposed Use:				
ADDITIONAL INFORMATION: (Use separate sheet if required.)				
REQUIRED SUBMISSIONS				
Application Fee (\$0)	<u>ILLQUILLD</u>	Detailed Floor	Plan*	
•••	Company Summary			
Certificate of Title and BC Company Summary Owner Authorization		Building Plans and Elevations* Site Plan*		
			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 81/2" x 11" sized drawings that can be reproduced by photocopier, one set of color elevations, and one digital copy (PDF format).				
(Print Applicant's Name)				
make application for a development review. I also certify that the information contained herein is correct to the best of my knowledge and belief. 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: