



CITY OF KAMLOOPS
DEVELOPMENT AND ENGINEERING SERVICES DEPARTMENT

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REVITALIZATION TAX EXEMPTION 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: First year of Exemption:
Estimated value of new construction/alteration:
Current Land Use/Zoning:
Current Assessed Value:

PROPOSED DEVELOPMENT

New Existing building Work to commence: Residential Use (% of floor area):
Current Tax Exemption: Yes No YYYY/MM/DD
Existing Use: Proposed Use:
Building Permit Application No. Development Permit Application No.
Estimated Value and Description of Proposed Development: (Use separate sheet if required or attach plans.)

REQUIRED SUBMISSIONS

- Application Fee (\$250)
Owner Authorization
Confirmed value of the project by:
- the building permit application process and/or
- a certificate from the owner's design professional subject to approval by the DESD Director
Drawings and/or photos showing the existing property and scope of the proposed improvements.
Certificate of Title and BC Company Summary
Covenants/Rights-of-way/Easements registered on title.
Certificate that all taxes, utilities and charges are paid
Copy of the Property Assessment Notice (from BC Assessment for one year prior to the project initiation)

I/We (Print Applicant's Name)
make application under the provisions of City of Kamloops Revitalization Tax Exemption Bylaw No. 22-4-1 for the issuance or amendment of a Tax Exemption Certificate. 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: