

SECONDARY SUITE GRANT PROGRAM

CONTACT INFORMATION

Owner		Applicant/Agent	
FULL NAME:		FULL NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY:		CITY:	
POSTAL CODE:		POSTAL CODE:	
PHONE NUMBER:		PHONE NUMBER:	
E-MAIL:		E-MAIL:	
OWNER AUTHORIZATION (if someone is applying on their behalf):			
<p><i>Note: If an applicant is applying on behalf of the owner, the applicant will be the point-of-contact for the City to communicate with. The owner of the property will be the recipient of the grant.</i></p>			

PROJECT ADDRESS (if different from above)

STREET ADDRESS:			
CITY:			
PROVINCE:		POSTAL CODE:	
LEGAL DESCRIPTION:			
PID:		ZONING:	

DESCRIPTION OF PROPOSED SUITE CONSTRUCTION

ESTIMATED START DATE OF CONSTRUCTION:		ESTIMATED COMPLETION DATE:	
<p>BRIEFLY DESCRIBE THE SUITE YOU WISH TO CONSTRUCT: <i>include its size, features, and if this is new construction or legalization of an existing suite. Also provide a description of where the suite will be located in the house—e.g., basement, garage conversion, second storey, etc.</i></p>			

<p>HAVE YOU APPLIED OR WILL YOU APPLY FOR THE PROVINCIAL SECONDARY SUITE INCENTIVE PROGRAM?:</p>	<p><input type="checkbox"/> YES, I have applied <input type="checkbox"/> YES, I will apply <input type="checkbox"/> NO, I will not be applying</p>		
<p>DO YOU PLAN TO TAKE ADVANTAGE OF THE GOVERNMENT OF CANADA'S MORTGAGE INSURANCE RULE CHANGES TO ENABLE HOMEOWNERS TO ADD SECONDARY SUITES?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>IS THE SUITE INTENDED FOR RENTAL?</p>	<table border="1"> <tr> <td data-bbox="553 716 699 793"> <p><input type="checkbox"/> YES <input type="checkbox"/> OTHER</p> </td> <td data-bbox="704 716 1541 793"> <p>If other, please specify:</p> </td> </tr> </table>	<p><input type="checkbox"/> YES <input type="checkbox"/> OTHER</p>	<p>If other, please specify:</p>
<p><input type="checkbox"/> YES <input type="checkbox"/> OTHER</p>	<p>If other, please specify:</p>		
<p>CONFIRM THAT THE SUITE WILL NOT BE USED FOR SHORT TERM RENTAL PURPOSES</p>	<p><input type="checkbox"/> NOT FOR SHORT TERM RENTAL <input type="checkbox"/> INTENDED FOR SHORT TERM RENTAL</p>		
<p>ARE YOU LEGALIZING AN EXISTING SUITE?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>FLOOR PLAN (ATTACH OR INCLUDE A ROUGH SKETCH OF SUITE LAYOUT HERE):</p>			

ELIGIBILITY CRITERIA

DO YOU OWN THE PROPERTY WHERE THE CONSTRUCTION WILL TAKE PLACE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If no for previous question, please specify:	
HAVE THERE BEEN OTHER CITY OF CAMPBELL RIVER SECONDARY SUITE GRANT APPLICATIONS MADE OR ISSUED AT THE PROJECT ADDRESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THERE ADEQUATE PARKING PROVIDED (PER THE ZONING BYLAW)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE CONSTRUCTION IN COMPLIANCE WITH THE ZONING BYLAW AND BUILDING CODES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
BUILDING PERMIT APPLICATION NUMBER:	

SUPPORTING DOCUMENTS

PLEASE ATTACH THE FOLLOWING DOCUMENTS:	
1. DETAILED FLOOR PLAN/SKETCH (if not drawn above)	<input type="checkbox"/>
2. DIRECT DEPOSIT FORM OR VOID CHEQUE FOR THE GRANT ISSUANCE (you must provide one of these for the City to pay out the grant)	<input type="checkbox"/>

DECLARATION AND SIGNATURE

By signing this application, I declare that the information provided is accurate and complete to the best of my knowledge. I understand that submitting false or misleading information may result in disqualification from receiving the grant.

I also acknowledge that there are a limited number of grants available. Grants are only issued after the building permit is given final inspection. Therefore, grants are not issued on a first come first serve basis from the date of application but from the date of final inspection. Building permit applications can take different amounts of time depending on the complexity of what needs to be addressed.

SIGNATURE OF APPLICANT:	DATE:
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The City of Campbell River is collecting this personal information pursuant to s. 26 of the Freedom of Information and Protection of Privacy Act, for the following purpose:
26(c) - the information relates directly to and is necessary for a program or activity of the public body.
If you have any questions about this collection of personal information, please contact the City's Privacy Head at foippa@campbellriver.ca or 250-286-5700.

APPLICATION PROCESS

1. Contact Building Services to apply for your secondary suite building permit at building@campbellriver.ca.
2. Submit this application form to the Long Range Planning Department at sustainability@campbellriver.ca.
3. The grant application is reviewed for eligibility. You will be contacted within 10 business days about whether the application has been accepted or not.
4. After Final Inspection for your building permit, submit the inspection report to sustainability@campbellriver.ca.

FOR INTERNAL USE ONLY

FINAL INSPECTION REPORT COMPLETE	<input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:
LONG RANGE PLANNING STAFF REVIEW	<input type="checkbox"/> COMPLETE	DATE:
NAME:	SIGNATURE:	
MANAGER OR DIRECTOR APPROVAL	<input type="checkbox"/> COMPLETE	DATE:
NAME:	SIGNATURE:	