

ASSOCIATED PRE-APPLICATION AND/OR PROJECT FILE NUMBER: _____

SECTION 1: APPLICATION TYPE

<input type="checkbox"/> MAJOR DEVELOPMENT PERMIT (MJP) <input type="checkbox"/> General Form, Character, and Performance <input type="checkbox"/> Multi-Family Residential (10 dwelling units or more) <input type="checkbox"/> Commercial (greater than 92.9m ²) <input type="checkbox"/> Industrial (greater than 92.9m ²) <input type="checkbox"/> Intensive Residential (Mobile Home Parks or Subdivisions of 10 or more lots with average lot size less than 450m ²) <input type="checkbox"/> With Variance (MJV)	<input type="checkbox"/> MINOR DEVELOPMENT PERMIT (MIP) <input type="checkbox"/> General Form and Character <input type="checkbox"/> Multi-Family Residential (less than 10 dwelling units) <input type="checkbox"/> Commercial (less than 92.9m ²) <input type="checkbox"/> Industrial (less than 92.9m ²) <input type="checkbox"/> Intensive Residential (Mobile Home Parks or Subdivisions of 3 - 9 lots with average lot size less than 450m ²) <input type="checkbox"/> Comprehensive Environmental (outside UCB) <input type="checkbox"/> Bald Eagle and Great Blue Heron Nest Tree <input type="checkbox"/> Streamside Protection <input type="checkbox"/> Campbell River Estuary <input type="checkbox"/> Foreshore <input type="checkbox"/> Drinking Watershed <input type="checkbox"/> Hazardous Conditions <input type="checkbox"/> Interface Fire Hazard
<input type="checkbox"/> ZONING AMENDMENT (ZON) <input type="checkbox"/> Text Amendment <input type="checkbox"/> Map Amendment <input type="checkbox"/> Combined Text and Map Amendment Current Zoning: _____ Proposed Zoning: _____	<input type="checkbox"/> SUBDIVISION <input type="checkbox"/> Fee Simple Subdivision (SUB) Total # of Lots: _____ <input type="checkbox"/> Bare Land Strata Subdivision (STR) Total # of Lots: _____ <input type="checkbox"/> Phased <input type="checkbox"/> Phased Building Strata <input type="checkbox"/> Minor Lot Line Adjustment
<input type="checkbox"/> OFFICIAL COMMUNITY PLAN AMENDMENT (OCP) <input type="checkbox"/> Concurrent with Zoning Amendment	<input type="checkbox"/> LIQUOR LICENCE (LL) <input type="checkbox"/> New Licence <input type="checkbox"/> Amendment
<input type="checkbox"/> DEVELOPMENT VARIANCE PERMIT (DVP)	<input type="checkbox"/> CANNABIS LICENCE (CAN)
<input type="checkbox"/> BOARD OF VARIANCE (BOV)	<input type="checkbox"/> TELECOMMUNICATIONS TOWER (TEL)
<input type="checkbox"/> TEMPORARY USE PERMIT (TUP)	<input type="checkbox"/> AGRICULTURAL LAND COMMISSION (ALR)

SECTION 2: REQUIRED APPLICATION DOCUMENTS (ALL APPLICATIONS)

<input type="checkbox"/> 1. PRE-APPLICATION REVIEW MEETING	<input type="checkbox"/> 5. COPIES OF LEGAL DOCUMENTS/CHARGES ON TITLE (COVENANTS, EASEMENTS, STATUTORY RIGHT OF WAYS,ETC)
<input type="checkbox"/> 2. FULLY COMPLETED FORM A (PRE-APPLICATION FORM) & FORM B (DEVELOPMENT APPLICATION FORM)	<input type="checkbox"/> 6. LETTER OF AUTHORIZATION
<input type="checkbox"/> 3. LETTER OF INTENT	<input type="checkbox"/> 7. BC COMPANY SUMMARY (IF APPLICABLE)
<input type="checkbox"/> 4. CURRENT TITLE SEARCH (WITHIN 10 BUSINESS DAYS)	<input type="checkbox"/> 8. APPLICATION FEE PAYMENT

SECTION 3: REQUIRED APPLICATION DOCUMENTS (BASED ON TYPE)

<input type="checkbox"/> A. CERTIFIED SURVEY PLAN	<input type="checkbox"/> L. ENVIRONMENTAL ASSESSMENT REPORT	<input type="checkbox"/> W. SHADOW IMPACT ASSESSMENT
<input type="checkbox"/> B. SITE PLAN	<input type="checkbox"/> M. RIPARIAN AREA PROTECTION REGULATION REPORT	<input type="checkbox"/> X. CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN (CPTED) REPORT
<input type="checkbox"/> C. PRELIMINARY LOT LAYOUT PLAN	<input type="checkbox"/> N. ENVIRONMENTAL COST ESTIMATE	<input type="checkbox"/> Y. WILDFIRE MITIGATION REPORT
<input type="checkbox"/> D. Development Data Sheet	<input type="checkbox"/> O. ARBORIST REPORT	<input type="checkbox"/> Z. WATERSHED DEVELOPMENT PERMIT DOCUMENTS
<input type="checkbox"/> E. SITE DISCLOSURE STATEMENT	<input type="checkbox"/> P. LANDSLIDE ASSESSMENT REPORT	<input type="checkbox"/> AA. TELECOMMUNICATIONS TOWER DOCUMENTS
<input type="checkbox"/> F. COLOURED BUILDING ELEVATIONS & RENDERINGS	<input type="checkbox"/> Q. FLOOD HAZARD ASSESSMENT REPORT	<input type="checkbox"/> BB. STAMPED LIQUOR LICENCE FLOOR PLAN
<input type="checkbox"/> G. FLOOR PLANS	<input type="checkbox"/> R. EROSION AND SEDIMENT CONTROL PLAN	<input type="checkbox"/> CC. COPY OF LCRB CANNABIS REFERRAL LETTER
<input type="checkbox"/> H. LIGHTING PLAN	<input type="checkbox"/> S. TRAFFIC IMPACT ASSESSMENT	<input type="checkbox"/> DD. COPY OF LCRB FIT AND PROPER ASSESSMENT CONFIRMATION LETTER
<input type="checkbox"/> I. COLOURED LANDSCAPE PLAN	<input type="checkbox"/> T. WATER SUPPLY, SANITARY, AND STORM WATER INFRASTRUCTURE IMPACTS REPORT	<input type="checkbox"/> EE. COPY OF AGRICULTURAL LAND COMMISSION APPLICATION SUBMISSION
<input type="checkbox"/> J. LANDSCAPE COST ESTIMATE	<input type="checkbox"/> U. VISUAL IMPACT ASSESSMENT	<input type="checkbox"/> FF. AGRICULTURAL LAND COMMISSION SOIL CLASSIFICATION MAP
<input type="checkbox"/> K. COMMUNITY ENERGY & EMISSIONS DEVELOPMENT (CEED) CHECKLIST	<input type="checkbox"/> V. NOISE IMPACT ASSESSMENT	<input type="checkbox"/> GG. AGRICULTURAL LAND COMMISSION EXCLUSION APPLICATION DOCUMENTS

SEE APPENDIX A FOR DETAILED DESCRIPTIONS OF REQUIRED DOCUMENTS

SECTION 4: SUBJECT PROPERTY

CIVIC ADDRESS:

PARCEL IDENTIFIER (PID):

LEGAL DESCRIPTION:

ADDITIONAL PROPERTY(IES) (IF APPLICABLE)

CIVIC ADDRESS:

PARCEL IDENTIFIER (PID):

LEGAL DESCRIPTION:

SECTION 5: REGISTERED PROPERTY OWNER(S)

FIRST NAME:

LAST NAME:

ADDRESS:

PHONE NUMBER:

E-MAIL:

**SIGNATURE OF REGISTERED
PROPERTY OWNER:**

ADDITIONAL PROPERTY OWNER(S)

FIRST NAME:

LAST NAME:

BUSINESS NAME:

ADDRESS:

PHONE NUMBER:

E-MAIL:

**SIGNATURE OF REGISTERED
PROPERTY OWNER:**

DATE SIGNED:

If the registered property owner is an Incorporated Company, Registered Society or Not for Profit Organization, please complete the signature block below. If more than one Company/Society, attach additional completed pages with required signatures. By signing, you confirm that you are an authorized signatory of the company. Proof must be provided at time of application.

REGISTERED CORPORATION/SOCIETY/ORGANIZATION INFORMATION (IF APPLICABLE)

CORPORATION/SOCIETY/ORGANIZATION NAME:	
SIGNATORY NAME:	
SIGNATURE OF COMPANY SIGNATORY:	
DATE SIGNED:	

A BC Company Summary must be submitted with the application showing names of individuals who have signing authority for the Incorporated Company, Registered Society or Not for Profit Organization.

SECTION 6: APPLICANT / AGENT / LEASEE

COMPANY NAME (IF APPLICABLE):	
PRIMARY CONTACT NAME:	
ADDITIONAL CONTACT NAME(S) (IF APPLICABLE):	
ADDRESS:	
OFFICE #:	DIRECT #:
CELL #:	EMAIL:

Please note all correspondence will be sent to the primary contact at the email address or mailing address provided (maximum one email address).

SECTION 7: ACKNOWLEDGEMENT OF NOTICE OF COLLECTION OF PERSONAL INFORMATION

- I/We have attached to this development application form the required documents as noted in **Sections 2 & 3**, along with the required application fee, and hereby agree to submit further information deemed necessary for processing this application.
- I/We understand that for **each occasion** on which I/We initiate changing the **Applicant or Primary Contact**; we need to provide a Change of “*Agent Authorization Form*,” which must be signed by all owners.

Personal information collected on this form is collected for the purpose of processing this application and for administration and enforcement. The personal information is collected under the authority of the *Local Government Act*, the City's bylaws and Section 26 of the *Freedom of Information and Protection of Privacy Act*. It will be used or disclosed only for the purpose for which it was collected, except with consent of the individual named or otherwise in accordance with law.

Please direct questions about this collection and use of your personal information to the Legislative Services Clerk at 250-286-5700 or front.reception@campbellriver.ca, City of Campbell River, 301 St. Ann's Road, Campbell River, BC, V9W 4C7.

By signing this application, I hereby agree that all information, including personal information, contained on this document including all attachments will be made available to the public.

- If the Applicant is an Incorporated Company, Society or Not for Profit Organization, check this box to confirm that all contacts are authorized signatories of the company and they have authority to sign on the company's behalf.** If this box is not checked, a letter on Company Letterhead is required to outline confirm permission of contacts.

Signature of Primary Contact (Applicant)

Date

Signature of Additional Contact(s) (if applicable)

Date