



**CITY OF KAMLOOPS
DEVELOPMENT AND ENGINEERING SERVICES DEPARTMENT**

Phone: 250-828-3561 Fax: 250-828-7848

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www.kamloops.ca

OFFICIAL COMMUNITY PLAN AMENDMENT 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: _____

Parcel Size: _____

Current Land Use/Zoning: _____

OFFICIAL COMMUNITY PLAN POLICY

Current Policy: _____

Proposed Policy: _____

Proposed Use: _____

ADDITIONAL INFORMATION: (Use separate sheet if required.)

REQUIRED SUBMISSIONS

- | | |
|--|---|
| <input type="checkbox"/> Application Fee (\$1,500) | <input type="checkbox"/> Owner Authorization |
| - Where accompanied by a Zoning By-law amendment (\$800) | <input type="checkbox"/> Building Plans and Elevations* |
| <input type="checkbox"/> Certificate of Title (or \$25 search fee) | <input type="checkbox"/> Site Plan* |
| <input type="checkbox"/> Covenants/Rights-of-way Registered on Title | <input type="checkbox"/> 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 8½" x 11" sized drawings that can be reproduced by photocopier, one set of colour elevations, and one digital copy (PDF format).

I/We _____ (Print Applicant's Name)	
make application under the provisions of City of Kamloops Official Community Plan Amendment Procedure By-law. I agree to allow the agents of the City of Kamloops to enter onto the subject property to inspect the land and buildings. 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: