



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

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

Email: develop@kamloops.ca

www.kamloops.ca

DEVELOPMENT VARIANCE PERMIT 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: _____

PROPOSED VARIANCE

Proposed Variance: _____

ADDITIONAL INFORMATION: (Use separate sheet if required.)

REQUIRED SUBMISSIONS

- Application Fee (\$800)
- Building Plans and Elevations¹
- Where accompanied by a Zoning By-law amendment (\$500)
- Site Plan¹
- Certificate of Title (or \$25 search fee)
- Site Profile (provincial form)
- Owner Authorization
- Covenants/Rights-of-way Registered on Title
- Development Checklist (North Shore **only**)

¹ 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 color elevations, and one digital copy (PDF format).

I/We _____
(Print Applicant's Name)

make application under the provisions of City of Kamloops Development Variance Permit 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: