



# Development Application Form

Please Print  
Only complete applications will be reviewed

Pre-application meeting date \_\_\_\_\_

**District of Peachland**  
5806 Beach Avenue  
Peachland, BC V0H 1X7  
250-767-2647  
www.peachland.ca

## Type of Application

- |   |  |
|---|--|
| <input type="checkbox"/> Area Sector Plan Amendment     | <input type="checkbox"/> Official Community Plan Amendment |
| <input type="checkbox"/> Zoning Bylaw Amendment         | <input type="checkbox"/> Text Amendment                    |
| <input type="checkbox"/> Development Variance Permit    | <input type="checkbox"/> Amendment to Development Permit   |
| <input type="checkbox"/> Development Permit (All Types) | <input type="checkbox"/> Other: _____                      |

## APPLICANT

Development Application Primary Contact	Registered Owner(s) of the Property
Name _____	Name _____
Corporate Owner (If Applicable) _____	Corporate Owner (If Applicable) _____
Mailing Address _____	Mailing Address _____
City _____ Prov. _____	City _____ Prov. _____
Postal Code _____	Postal Code _____
Phone _____	Phone _____
Email (Required) _____	Email (Required) _____

## PROPERTY(IES) DESCRIPTION

Civic Address: \_\_\_\_\_

Legal Description \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ District Lot: \_\_\_\_\_

Plan: \_\_\_\_\_

Parcel Identifier \_\_\_\_\_

Current Zoning \_\_\_\_\_

Proposed Zoning \_\_\_\_\_

Are the subject lands or any portion of them in the Agricultural Land Reserve?  Y  N

## PLANNING DEPARTMENT USE ONLY

\_\_\_\_\_

Date Received \_\_\_\_\_

\_\_\_\_\_

Examination Fee and Receipt Number \_\_\_\_\_

\_\_\_\_\_

Cross-Reference Files \_\_\_\_\_

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 *Freedom of Information and Protection of Privacy Act* and District by-laws. Questions may be directed to the City Clerk, 5806 Beach Avenue, Peachland, BC V0H 1X7 (250) 767-2647



**COORDINATING PROFESSIONALS**

List any professionals known to date (e.g. Architect, Landscape Architect, Engineer, Biologist, Planner, etc.)

Name	_____	Job Title	_____
Mailing Address	_____		_____
	_____	City	_____ Prov. _____
Postal Code	_____	Phone	_____
Email	_____		

Name	_____	Job Title	_____
Mailing Address	_____		_____
	_____	City	_____ Prov. _____
Postal Code	_____	Phone	_____
Email	_____		

Name	_____	Job Title	_____
Mailing Address	_____		_____
	_____	City	_____ Prov. _____
Postal Code	_____	Phone	_____
Email	_____		

Name	_____	Job Title	_____
Mailing Address	_____		_____
	_____	City	_____ Prov. _____
Postal Code	_____	Phone	_____
Email	_____		

**Attach any others on a separate page to this application**

**OWNER AGENT DECLARATION**

Application Number

Date: \_\_\_\_\_ day / month / year

Owner Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Prov. \_\_\_\_\_  
Postal Code \_\_\_\_\_

Legal Description of Subject Property:

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ District Lot: \_\_\_\_\_  
Plan: \_\_\_\_\_  
Parcel Identifier \_\_\_\_\_

Civic Address of Property:

\_\_\_\_\_  
\_\_\_\_\_

I am the registered owner of the subject property and as such hereby authorize:

Agent's Name (Print)

To act as my agent to submit a Development Application (Land Use Bylaw Amendment, Development Permit, Development Variance Permit, Building Permit or Subdivision) to the District of Peachland, and to act as primary contact with respect to attending to all matters related therein.

1. I will comply with or cause those whom I employ to comply with all bylaws of the municipality and other statutes and regulations in force in the municipality relating to the development, work , undertaking or permission in respect of which this application is made.
2. I hereby agree to release, indemnify and save harmless the municipality, its Council members, employees and agents from and against all claims, liability, judgments, costs and expenses of every kind including negligence which I or any ofther person, partnership or corporation or our respective heirs, successors, administrators or assigns may have or incur in consequence of or incidental to this application.

Print Name of Owner

Signature of Owner / Authorized Signatory

**APPLICANT CONFIRMATION**

**A.** As applicant or approved agent, I confirm that I have read all relevant District of Peachland Bylaws and policies and that this application is in conformance (unless a bylaw amendment forms part of this application).

I have attached to this application the required plans and specifications of the proposed development in accordance with the application checklist. I accept responsibility for processing delays caused by an incorrect or insufficient Submission.

I understand that this application form is a public document and that any and all information contained in it, including personal information as that term is defined in the *Freedom of Information and Protection of Privacy Act* of BC, is open for inspection by the public and may be reproduced and distributed to the public as part of a report(s) to Council or for purposes of a public hearing. I am aware that I am responsible to display and remove the Development Notification Sign.

I understand that I am responsible for obtaining development authorizations and permissions from Telus, FortisBC, Terasen, and Shaw Cable and for providing the File Manager with copies of responses from these utilities.

**B.** I further acknowledge that Development Cost Charges (DCCs) may be payable at the time of subdivision or Building Permit for the construction of new dwelling units, commercial, institutional or industrial development.

Should there be any change in ownership or legal description of the property, I undertake to notify the Planning and Development Services Department immediately to avoid any unnecessary delay in processing the application.

A PERMIT ISSUED SUBSEQUENT TO APPROVAL OF THIS APPLICATION IS VALID FOR ONE YEAR FROM THE DATE OF APPROVAL.

I ACCEPT RESPONSIBILITY FOR PROCESSING DELAYS CAUSED BY INCORRECT OR INSUFFICIENT INFORMATION

Applicant or Agent Signature \_\_\_\_\_

Date      day / month / year     

\_\_\_\_\_  
Folio Number

\_\_\_\_\_  
Application Number