



COLUMBIA SHUSWAP REGIONAL DISTRICT

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SUBDIVISION APPLICATION FORM

Applicants are advised to consult with Development Services staff before submitting a Subdivision Application to the CSR. Fees are non-refundable unless otherwise noted. **IMPORTANT: An application is considered incomplete and pending until all required documentation is received; applications are only placed in the queue for processing once all required documentation is received.**

DATE STAMP
OFFICE USE ONLY

Property Information (Complete all property information of land(s) under application, if available). <input type="checkbox"/> Additional page(s) attached.			
Legal Description (Lot, Block, Section, Township, Range, District Lot, Land District, Plan):			
Civic Address (House Number, Street Name, City, Province, Postal Code):			
Parcel Identifier (PID):	Size of property (Hectares):	Zone or Land Use Designation:	OCP Designation:
Existing Land Use (Number of existing dwellings, number of outbuildings, home businesses, etc.)			
Description of Proposal (Please attach separate pages if necessary). <input type="checkbox"/> Additional page(s) attached.			
The proposed subdivision will create _____ parcels (Including remainder).			
Intended land use:		Proposed parcel sizes:	
Subdivision Type (Check all that apply):			
<input type="checkbox"/> Conventional (fee simple) <input type="checkbox"/> Bare Land Strata <input type="checkbox"/> Boundary Adjustment <input type="checkbox"/> Application under Section 514 of the Local Government Act (Subdividing for a family member)		<input type="checkbox"/> Property within the Agricultural Land Reserve (If yes, please provide information regarding Agricultural Land Commission (ALC) resolution for approval or approving officer documentation that exempts requirement for ALC subdivision process)	
Specify more information here:			
Is any part of the land within 30 metres of a watercourse or water body? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes or partially, name of watercourse or water body:			
Is the land in a floodplain / debris flow / avalanche area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, please provide details:			
Does any portion of the land contain slopes 30% or greater? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Source of water supply (Attach documentation supporting water supply):			
Groundwater (Well): <input type="checkbox"/>	Water License <input type="checkbox"/>	Community System <input type="checkbox"/>	Other: <input type="checkbox"/>
If other, please provide details:			

Sewage Disposal:		
Septic Tank: <input type="checkbox"/> Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Community Sewer System: <input type="checkbox"/>	Other: <input type="checkbox"/>
If other, please provide details:		
Copy of current Certificate of Title attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Copy of Sketch Plan of Subdivision in letter (8.5 X 11) or ledger/tabloid (11 x 17) attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Owner Information (All registered owner(s) information required). Additional page(s) attached.

Full Name(s):			
Mailing Address (House Number, Street Name, City, Province, Postal Code):			
Phone:	Cell Phone:	E-mail:	Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email

Applicant Information (If the applicant is not the owner(s) or if one registered owner is assigned to act as agent on behalf of all registered owners, complete this and the agent authorization section).

Full Name:			
Mailing Address (House Number, Street Name, City, Province, Postal Code):			
Phone:	Cell Phone:	E-mail:	Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email

NOTE: In order to use an agent to work on the owners' behalf, all registered owners on title must sign to grant authorization. If the property is owned by a corporation, a designated person with signing authority for the company must sign the form and provide documentation of signing authority. Attach a separate page with additional signatures if necessary.

Authorization of Agent (Complete only if the applicant is not the owner(s) or if one registered owner is assigned to act as agent on behalf of all registered owners). Additional page(s) attached.

As owner(s) of the land described in this application, I/we hereby authorize _____ to act as agent in regard to this land development application and understand that the Agent will be the point of contact with the CSRD.

Print name of Owner	Signature of Owner	Date (mm/dd/yy)
Print name of Owner	Signature of Owner	Date (mm/dd/yy)

Declaration (If no agent has been authorized as the applicant, all registered owners must sign declaration. If more than two individual owners, attach a separate page with additional signatures). Additional page(s) attached.

I, the undersigned, hereby certify that the attached information, provided with respect to this application is full and complete and a true statement of facts, and hereby agree to submit further information as may be deemed necessary for processing the application.

Print name of Owner/ Agent	Signature of Owner/ Agent	Date (mm/dd/yy)
Print name of Owner/ Agent	Signature of Owner/ Agent	Date (mm/dd/yy)