



# COLUMBIA SHUSWAP REGIONAL DISTRICT

PO Box 978, 555 Harbourfront Drive NE, Salmon Arm, BC V1E 4P1  
 T: 250.832.8194 | F: 250.832.3375 | TF: 1.888.248.2773 | E: [plan@csrd.bc.ca](mailto:plan@csrd.bc.ca) | [www.csrd.bc.ca](http://www.csrd.bc.ca)

## SUBDIVISION APPLICATION FORM

Applicants are advised to consult with Development Services staff before submitting a Subdivision Application to the CSR D. 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

|   |  |  |                                 |
|---|--|--|---------------------------------|
| <b>Property Information</b> (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:                |
| <b>Existing Land Use</b> (Number of existing dwellings, number of outbuildings, home businesses, etc.)  |  |  |                                 |
|   |  |  |                                 |
| <b>Description of Proposal</b> (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:   |                                 |
| <b>Subdivision Type (Check all that apply):</b>   |  |  |                                 |
| <input type="checkbox"/> Conventional (fee simple)<br><input type="checkbox"/> Bare Land Strata<br><input type="checkbox"/> Boundary Adjustment<br><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   |  |  |                                 |
| <b>Source of water supply</b> (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:   |  |  |                                 |

|  |  |                                 |
|--|--|---------------------------------|
| <b>Sewage Disposal:</b>  |  |                                 |
| 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 |  |                                 |

|   |             |         |   |
|---|-------------|---------|---|
| <b>Owner Information</b> (All registered owner(s) information required). <input type="checkbox"/> 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:<br><input type="checkbox"/> Phone <input type="checkbox"/> Email |
| <b>Applicant Information</b> (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:<br><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.

|  |                    |                 |
|--|--------------------|-----------------|
| <b>Authorization of Agent</b> (Complete only if the applicant is not the owner(s) or if one registered owner is assigned to act as agent on behalf of <u>all</u> registered owners). <input type="checkbox"/> 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) |
|  |                    |                 |

|   |                           |                 |
|---|---------------------------|-----------------|
| <b>Declaration</b> (If no agent has been authorized as the applicant, <b>all</b> registered owners must sign declaration. If more than two individual owners, attach a separate page with additional signatures). <input type="checkbox"/> 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) |
|   |                           |                 |



# COLUMBIA SHUSWAP REGIONAL DISTRICT

PO Box 978, 555 Harbourfront Drive NE, Salmon Arm, BC V1E 4P1  
T: 250.832.8194 | F: 250.832.3375 | TF: 1.888.248.2773 | E: [plan@csrd.bc.ca](mailto:plan@csrd.bc.ca) | [www.csrd.bc.ca](http://www.csrd.bc.ca)

## SUBDIVISION APPLICATION CHECKLIST

Applicants are advised to consult with Development Services staff before submitting a Subdivision Application to the CSR D. 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.**

### Checklist:

- Completed application form
- Fee paid: As set out in CSR D [Development Services Application Fees Bylaw No. 4000](#)
- Certificate of Title or Title Search - dated within the last 30 days. Obtained through [BC Land Title & Survey](#)
- All documents listed on title (e.g. covenants and easements)
- Professional report(s) if applicable
- Documentation regarding existing groundwater wells (pump tests) or if surface water source is proposed provide copy of licences
- Scalable sketch plan(s) of subdivision showing:
  - Proposed new property lines, dimensions, and property sizes;
  - Location of all existing buildings in relation to new property lines;
  - Location of all existing groundwater wells, septic fields and proposed groundwater well locations;
  - Natural boundary of all watercourses and/or streams;
  - All areas with natural slope exceeding 30%;
  - Location of building areas and location grade and dimension of proposed access driveways.

### Sample Sketch Plan:

