

Strata Conversion Application

Please note: Incomplete applications will be returned to the applicant. Your application will be processed in the order in which it was received.

General Information

Civic Address _____

Description of Proposed Strata Conversion

Supporting Documentation

Please submit the following documentation with your application:

1. Current Certificate of Title | Generated within the last 30 days with all charges (i.e. covenants, easements, right-of-ways etc.)
2. Site Plan | As built to include building footprints, setbacks of buildings from all property lines, location of sidewalks, crosswalks, on-site parking stalls (including dimensions), garage and recycling receptacles, landscaping, amenity areas etc.
3. Application Fee | \$500.00 per unit in a building

Personal Information Declaration: This information is collected pursuant to Part 14 of the *Local Government Act* and CVRD Development Application Procedures and Fees Bylaw. This information has been collected and may form part of the public record and may be included in a meeting agenda that is posted online when this matter is before the Board or a Committee of the Board. I hereby consent that all information, including personal information, contained in this document including all attachments maybe made available to the public. Note: For more information on disclosure, contact the CVRD FOI Coordinator at 250.746.2507 or 1.800.665.3955.

Office Use Only	Date Received	Received By (In-person, email, mail)
	Receipt No.	
	Fees Paid: \$	

Contact Details

The property described above is the subject of this application and is referred to herein as the 'subject property'. This application is made with my full knowledge and consent. I declare that the information submitted in support of the application is true and correct in all respects. By completing this application form, the owner and/or applicant hereby is aware and authorizes site inspections to be conducted by Regional District staff as authorized by the Regional Board.

Owner's
Declaration

Name of Owner (print)	Signature of Owner	Date
Name of Owner (print)	Signature of Owner	Date

Owner's
Contact
Information

Address	City
Email	Postal Code
Primary Phone Number	Secondary Phone Number

Only complete this section if the applicant is not the owner

Name of Agent	Company
Address	City
Email	Postal Code
Primary Phone Number	Secondary Phone Number

I declare that the information submitted in support of this application is true and correct in all respects.

Signature of Agent	Date
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I, the owner, hereby give permission to _____ to act as my/our agent in all matters relating to this application.

Signature of Owner	Date
Signature of Owner	Date