



**CITY OF KELOWNA
SOIL DEPOSIT BYLAW NO. 8504**

Soil Deposit Permit Application

1. Applicant Information (to be filled out by applicant)

Name: _____

Address: _____

Postal Code: _____

Telephone: _____ Fax: _____

2. Legal Description of Land

Legal Description: _____

Civic Address: _____

3. Land Ownership (if different from above)

Name: _____

Address: _____

Postal Code: _____

Telephone: _____ Fax: _____

4. Soil Deposit Information

Estimated quantity of soil to be deposited: _____ cubic metres.

Approximate Date(s) on which Deposit is to occur: _____

**PLEASE ATTACH ALL ADDITIONAL INFORMATION, INCLUDING
DRAWINGS, PLANS, AND REPORTS WITH THIS APPLICATION.**

DATE: _____

SIGNATURE: _____

Applicant or Agent