



# REQUEST TO SUBDIVIDE LAND

DATE: \_\_\_\_\_

FILE # \_\_\_\_\_

### APPLICATION FOR:

- Technical Subdivision      Rd Dedication \_\_\_\_ Consolidation \_\_\_\_ Form P \_\_\_\_ Other \_\_\_\_
- Preliminary Layout Review      Fee Simple \_\_\_\_ PLR Extension \_\_\_\_ Bareland Strata \_\_\_\_
- PLR Approval      Strata Approval Phase # \_\_\_\_

APPLICANT: _____
CONTACT PERSON: _____
OFFICE PHONE: _____ FAX: _____ EMAIL: _____
ADDRESS OF APPLICANT: _____
_____ POSTAL CODE: _____
OWNER: _____
PHONE: _____ FAX: _____
ADDRESS OF OWNER: _____
_____ POSTAL CODE: _____

### LEGAL DESCRIPTION OF PROPERTY TO BE SUBDIVIDED:

LOT \_\_\_\_ BLOCK \_\_\_\_ PLAN \_\_\_\_\_ SECTION \_\_\_\_ TOWNSHIP \_\_\_\_ DISTRICT \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

EXISTING ZONING DESIGNATION: \_\_\_\_\_ EXISTING USE: \_\_\_\_\_

PROPOSED USE OF LOTS \_\_\_\_\_

Existing No. of Lots \_\_\_\_\_ Proposed No. of Lots \_\_\_\_\_ Net No. of Lots \_\_\_\_\_

I ACCEPT RESPONSIBILITY FOR PROCESSING DELAYS CAUSED BY INCORRECT OR INSUFFICIENT SUBMISSION MATERIALS.

\_\_\_\_\_  
Signature of Owner/Authorized Agent\*

\_\_\_\_\_  
Your File #

The Personal Information on this form is collected under the authority of the Local Government Act and is subject to the Freedom of Information and Protection of Privacy Act. Any questions regarding this collection should be directed to Bob Shaughnessy, Subdivision Approving Officer, Planning & Development Services, 1435 Water Street, Kelowna, BC V1Y 1J4 (862-3339, local 439).

\*NOTE: If the applicant is not the registered owner of the property concerned, then the owner's consent in writing must be obtained and submitted with this initial application to the Planning & Development Services Department.

Consent Letter Attached:      No             Yes

**OFFICE USE ONLY**

Application is:      Complete             Incomplete

Certified as Complete and Accepted By:     \_\_\_\_\_  
  Staff Person    Date

Note: The applicant will receive notification of the date of formal acceptance.

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

FEE: \_\_\_\_\_ INVOICE NUMBER: \_\_\_\_\_

CROSS-REFERENCE FILES: \_\_\_\_\_