



# Applying for a Crown Land Tenure

Updated September 2005

THIS PAGE MUST BE COMPLETED FOR ALL APPLICATIONS.

PLEASE READ THE **APPLICATION FORM GUIDE** WHEN COMPLETING THIS APPLICATION.

## PART 1. NAME(S) AND MAILING ADDRESS

Client Name <input type="checkbox"/> <b>OR</b> Company Name <input type="checkbox"/> <b>OR</b> Society Name <input type="checkbox"/>		For applications made by more than one individual: <input type="checkbox"/> Joint Tenants; or, <input type="checkbox"/> Tenants in Common
		Your File Number (if applicable):
Contact Name of Agent (if applicable):		
Letter of Agency attached (see Form Guide for additional information): Yes <input type="checkbox"/> No <input type="checkbox"/>		
BC Incorp. No., BC Registered No. or Society No.:	GST Registration Number:	
Age: 19 or over Yes <input type="checkbox"/> No <input type="checkbox"/>	Canadian Citizen or Permanent Resident Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mailing Address		Postal Code:
E-mail Address		
Home Phone (    )	Business Phone (    )	Fax Number (    )

Applicant /Agent's Signature(s)	Date
<p>Please Enclose Appropriate fees (see Fee Schedule <a href="http://www.lwbc.bc.ca/01lwbc/leg/fees.html">http://www.lwbc.bc.ca/01lwbc/leg/fees.html</a>)</p> <p><b>NOTE:</b> Make cheque or money order payable to <b>the Minister of Finance.</b></p>	

**PLEASE RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS**

FOR OFFICE USE ONLY	
	Land File Number:
	Disposition ID:
	Client No.:
	Company Search (Date):
	Postal Check (Date):
	Fees Received:

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## PART 2. LOCATION, AREA AND PURPOSE

General Location of Crown land	Area in Hectares: _____ or length (km/m): _____ width (km/m): _____
Land Use Purpose:	<b>Type of Tenure</b> <input type="checkbox"/> Investigative permit <input type="checkbox"/> Temporary permit <input type="checkbox"/> License <input type="checkbox"/> Lease <input type="checkbox"/> Statutory right-of-way <input type="checkbox"/> Purchase <input type="checkbox"/> Waterpower land tenure
Period of Occupation Required _____	
Do you hold another Crown land tenure?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state Type and Tenure Number: _____	

## PART 3. LEGAL OR BOUNDARY DESCRIPTION

For **surveyed** land, give legal description. For **unsurveyed** land, see the Application Guidebook for instructions to describe unsurveyed Crown land and provide a description of boundaries.

**NOTE:** Please refer to the Requirements Checklist for the specific program (e.g., Aggregates) for additional information that must be submitted with this application.

The information you provide will be subject to the Freedom of Information and Protection of Privacy Act. If you have any questions regarding the treatment of your personal information, please contact the Manager, Privacy, Information Access and Records Management.

In addition, the submission of this form does not in any manner convey any rights to use or occupy Crown land.