

APPLICANT:

Regional District of Okanagan-Similkameen

101 Martin Street, Penticton, BC, V2A-5J9

Telephone: 250-492-0237 Fax: 250-492-0063 Email: info@rdos.bc.ca Website: www.rdos.bc.ca

Office use only					
File No.:					
Received:					
Application Fee:					
Title Search Fee (1-1-5000-9000):					
Receipt No:					

Soil Permit Application

OWNER(S):

It is recommended that applicants consult Development Services staff prior to submitting an application. This application will not be accepted unless it is complete and the required fee and plans are attached.

Name:		Name:				
Address:		Address:				
City/Town:		City/Town:				
Province:	Postal Code:	Province: Postal Code:				
Phone:		Phone:				
Email:		Email:				
AGENT AUTHORIZATION:						
If the registered owner(s) of the subject property elects to have someone act on their behalf in submission of this application this section must be completed:						
As owner(s) of the land described in this application, I/we hereby authorize to act as applicant in regard to this land development application.						
Signature of Owner:			Date:			
Signature of Owner:			Date:			

NOTICE OF COLLECTION OF PERSONAL INFORMATION:

Personal information on this form is collected for the purpose of processing this application and for administration and enforcement. The personal information is collected under the authority of the *Local Government Act* and the bylaws of the Regional District of Okanagan-Similkameen. Documentation / information submitted in support of this application can be made available for public inspection pursuant to the *Freedom of Information and Protection of Privacy Act*. Contact the Freedom of Information Officer at the Regional District of Okanagan-Similkameen for information.

PROPERTY DESCRIPTION:	
Civic address:	Electoral Area "F"
Legal Description:	
Current land use:	
Any restrictive covenants registered on the subject property: Yes No	(if yes, provide details)
PROPOSED SOIL ACTIVITY:	
Removal: Proposed volume of soil in cubic metres:	m³.
Deposit: Proposed volume of soil in cubic metres:	m³.
SUPPORTING RATIONALE:	
Please describe the activity that requires the removal and/or deposition of soil of and how it relates to a permitted use of the land under the applicable zoning by	
Please describe the soil that is to be deposited or removed (e.g. clean fill, gravel anticipated changes in site elevation:	, topsoil, etc.), including
Please describe measures to address any resulting dust, dirt and noise issues relactivities:	ated to the proposed

REQU	IRED DOCUMENTATION:						
All pla Adobe	ns and drawings referred to in this see .pdf.	ection should be subn	nitted in an electronic format, such	as			
	Certificate of Title – to provide proof of ownership, copies of titles should be dated no more than 30 days prior to the date of application. Copies of titles are available from the Land Titles Office, o through a Government Agent's Office, a notary, lawyer or search company.						
	Agent Authorization (if applicable) – signature requirements on Pages 1 & 3 of this application form.						
	Technical Documentation – a geotechnical assessment report prepared by a qualified professional is required for a Soil Permit application. Please refer to the preceding section for more information.						
		ermit) of the <u>Develop</u>	t Application Requirements) of Schement Procedures Bylaw No. 2500, 2				
	Site Plan – drawn to scale and show ☐ Dimensions and boundaries of p easements;	-	l include the following (as applicable f-way, existing covenant areas and	e):			
	<u> </u>	•	es; estructure such as water lines, wells	, and			
	septic fields, including sizes; □ proposed road access location and internal driveway access to soil activity site;						
	 Location of any physical or topographical constraints such as geotechnical hazard classifications, watercourses, ravines, wetlands, steep slopes, bedrock outcrops, etc.; and, The location of the soil that is to be deposited or removed, including site elevations. 						
Addit	ional material or more detailed infor	rmation may be reque of an application.	sted by the Regional District upon r	eview			
DECLA	DATION.						
	ARATION:						
I, the undersigned, hereby certify that the information provided with respect to this application is full and complete and is, to the best of my knowledge, a true statement of the facts related to this application.							
Signat	ure of Owner or Authorized Agent		Date				
Print r	name of Owner or Authorized Agent						