



LAND USE & DEVELOPMENT APPLICATION FORM

File # _____

1. Type of Application (please check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> OCP Amendment | <input type="checkbox"/> Development Permit (Major) Amendment | <input type="checkbox"/> Development Variance Permit |
| <input type="checkbox"/> Zoning Amendment | <input type="checkbox"/> Development Permit (Minor) | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Development Permit (Major) | <input type="checkbox"/> Development Permit (Minor) Amendment | <input type="checkbox"/> Other: _____ |

2. Description of Application:

Site Address(s): _____

PID(s): _____ - _____ - _____ _____ - _____ - _____ _____ - _____ - _____

	Existing	Proposed
OCP Designation		
Zone		
# of lots		

General Description of Proposal: _____

3. Owner / Applicant Information:

Registered Owner of the property (ies):

Name (please print)		E-mail	
Address	City	Postal Code	
Phone	Cell	Fax	

Applicant: To be completed ONLY if applicant is not the owner

Name (please print)		E-mail	
Address	City	Postal Code	
Phone	Cell	Fax	

4. Submission Requirements:

	Req'd.	Rec'd.	Details
General			
State of Title Certificate			Must be dated no more than 7 days from date of application submission
Proof of Business Ownership			If registered owner is a company
Agent Authorization			If applicant is not the subject property owner
Lobbyist Form			Must be completed by all applicants / agents
Site Profile Checklist			If site is or has been used for industrial or commercial purposes
Subdivision			
Preliminary Subdivision Plan			One (1) full size plan prepared by a registered BC Land Surveyor
Building Footprint			
Building Footprint Plan			One (1) full size plan prepared by a registered BC Land Surveyor showing satisfactory building envelopes exclusive of setbacks, rights-of-way, easements, restrictive covenants
Architectural / Design			
Site Plan			One (1) full size plan and one (1) digital copy (.pdf)
Floor Plans			One (1) full size plan and one (1) digital copy (.pdf)
Building Elevations			One (1) full size plan and one (1) digital copy (.pdf)
Landscape Plan			One (1) full size plan and one (1) digital copy (.pdf)
Colour Rendering			One (1) full size plan and one (1) digital copy (.pdf)
Parking Plan			One (1) full size plan and one (1) digital copy (.pdf)
Signage Plan			One (1) full size plan and one (1) digital copy (.pdf)
Colour & Materials			
Design Rationale			Addressing applicable Development Permit Area Guidelines
Other: _____			
Site Statistics			
Floor Area Ratio			Gross & net (as per Zoning Bylaw)
Setbacks			From all lot lines to all levels of all buildings and structures
Maximum Height			Including a calculation of average natural grade (as per Zoning Bylaw)
Lot Coverage			All principal and accessory buildings measured to the exterior walls
Unit Count			Number of residential units
Gross Site Area			
Floor Areas			Floor area of each residential unit and total floor areas of each use
Parking			Number, use, dimensions of all stalls and drive aisle widths
Other: _____			
Reports			
Geotechnical			For steeply sloped areas, prepared by a qualified Geotechnical Engineer
Site Assessment (QEP)			Ecosystem conditions, significant aquatic & terrestrial environmental features, design alternatives & mitigation options considered
Arborist			Tree survey, protection / replacement plan
Other: _____			

5. Consent:

As the registered owner(s) / authorized agent, I/we hereby submit this application for the development of the subject site(s) as indicated. Should there be a change in ownership, authorized agent, legal description, or development proposal while the application is pending, I/we will notify the Planning & Development Services Department in writing immediately to avoid any unnecessary delay in processing the application.

I/we further understand that a fee of \$ _____ is payable at time of application and may only be refunded in accordance with the provisions of the "City of White Rock Planning Procedures Bylaw, 2009, No. 1869".

Registered Owner(s):

_____	_____	_____
(Please Print)	(Please Print)	(Please Print)
_____	_____	_____
(Signature)	(Signature)	(Signature)
_____	_____	_____
(Date)	(Date)	(Date)

OR:

Authorized Agent:

(Please Print)

(Signature)

(Date)



AGENT AUTHORIZATION FORM

Civic Address(s): _____

Legal Description(s): _____

PID(s): _____ - _____ - _____ - _____ - _____ - _____

This document shall serve to notify the City of White Rock that I am / we are the legal owner(s) of the property described above and do authorize the person indicated below ("Authorized Agent") to act on my / our behalf on all matters pertaining to the referenced Land / Building Permit Application for the above referenced property. In addition, I / we have read and understand the application requirements of the Land / Building Permit Application and authorize the Authorized Agent to act on our behalf.

Name of Property Owner(s): _____

Mailing Address: _____

City: _____ Postal Code: _____

E-mail: _____

Phone: () _____ Fax: () _____

Name of Authorized Agent: _____

Company Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

E-mail: _____

Phone: () _____ Fax: () _____

Signature of Property Owner(s): _____ Date: _____

Signature of Property Owner(s): _____ Date: _____

Signature of Authorized Agent: _____ Date: _____

Note: All registered owners of the property shall sign this Authorization Form. Use additional sheets if necessary. A new Authorization Form shall be submitted to the City of White Rock if the ownership of the property changes prior to completion of issuance of the building permit or before final approval is granted

THE CORPORATION OF THE CITY OF WHITE ROCK



LOBBYIST REGISTRATION FORM

Type or Print in Ink. Complete both sides. File Original with City Clerk.

Check Box if an Amendment

If this is an Initial Registration, enter
DATE QUALIFIED AS A LOBBYIST: _____

FULL NAME OF LOBBYIST:

BUSINESS PHONE NUMBER:

BUSINESS ADDRESS: (Number and Street)

MAILING ADDRESS: (If different from above)

LOBBYIST'S EMPLOYER (if applicable):

BUSINESS PHONE NUMBER:

EMPLOYER'S BUSINESS ADDRESS: (Number and Street)

NATURE AND PURPOSE OF EMPLOYER'S BUSINESS:

VERIFICATION

By signing the verification below, I certify that I have reviewed and understand the requirements of the City of White Rock.

I have used all reasonable diligence in preparing this Registration. I have reviewed this Registration and to the best of my knowledge the information contained herein is true and complete.

Executed on _____ at _____
(date)

By _____
(signature of lobbyist)

CLIENT DISCLOSURE

CLIENT'S NAME: _____ BUSINESS OR MESSAGE
PHONE NUMBER: _____

CLIENT'S BUSINESS OR MAILING ADDRESS: (Number and Street) _____

NATURE AND PURPOSE OF CLIENT'S BUSINESS: _____

SUBJECT – CIVIC ADDRESS OR APPLICATION NO. AND DESCRIPTION OF PROPOSAL/PROJECT FOR WHICH THE LOBBYIST IS MAKING REFERENCE TO

CLIENT'S NAME: _____ BUSINESS OR MESSAGE
PHONE NUMBER: _____

CLIENT'S BUSINESS OR MAILING ADDRESS: (Number and Street) _____

NATURE AND PURPOSE OF CLIENT'S BUSINESS: _____

SUBJECT – CIVIC ADDRESS OR APPLICATION NO. AND DESCRIPTION OF PROPOSAL/PROJECT FOR WHICH THE LOBBYIST IS MAKING REFERENCE TO

CLIENT(S) TO BE DELETED FROM LOBBYIST'S REGISTRATION (check "Amendment" box on p. 1 of form):

NAME: _____

NAME: _____

If more space is needed, check box and attach continuation sheet(s)

*This policy is subject to any specific provision of the Local Government Act, or other relevant legislation or Union Agreement.

TO BE FILLED IN BY CITY STAFF ONLY

To be filled in by a Public Office Holder to report an incident of lobbying with and/or without Registration

APPROX. DATE LOBBYING TOOK PLACE (or tried to take place):

NAME OF LOBBYIST:

SUBJECT MATTER:

DATE CITY MANAGER NOTIFIED:

This policy is subject to any specific provisions of the Local Government Act, or other relevant legislation or Union agreement.