



Thompson-Nicola Regional District
 #300 – 465 Victoria Street, Kamloos, BC V2C 2A9
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 Fax: (250) 372-5048, Email: planning@tnrd.ca
 Website: www.tnrd.ca

TEMPORARY DWELLING APPLICATION FORM

FOR OFFICE USE ONLY

Date Received : _____ TNRD File No.: _____

Note: The processing of your application will be delayed if the application is incomplete. Please consult the attached guide for a complete description of the required information for your application.

Personal information is collected by the TNRD under the authority of the Local Government Act and/or TNRD's bylaws and is only used for purpose of processing your application. Disclosure of personal information by TNRD is subject to the requirements of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about collection, use or disclosure of personal information by TNRD, please contact: Manager of Legislative Services, TNRD, 300-465 Victoria Street, Kamloops, BC, V2C 2A9, 250 377-8673.

APPLICATION TYPE

Temporary Manufactured Home for Care

OWNER INFORMATION

Name(s):			
Mailing Address:			
Phone:	Cell:	Email:	Fax:

APPLICANT / AGENT INFORMATION (if different from owner)

Name:			
Mailing Address:			
Phone:	Cell:	Email:	Fax:

AUTHORIZATION OF AGENT BY OWNER

I/We, _____, the registered owner(s) of the noted property hereby authorize _____ to act on my (our) behalf as agent in respect of this application.

X _____
 Signature of Owner

____/____/____
 dd mm yy

X _____
 Signature of Owner

____/____/____
 dd mm yy

LEGAL DESCRIPTION AND LAND USE

Legal Description:

PID:

Parcel Size:

Civic Address:

Describe the existing use of the subject property and all buildings:

Describe the reason for the application:

Provide the name(s) of the person(s) who will occupy the temporary dwelling:

APPLICATION CHECKLIST

The application must be accompanied by the following:

- Site Plan, including the legal description of the property, its boundaries and dimensions, and the size and location of existing and proposed buildings;
- Current State of Title Certificate;
- Copies of all covenants and easements registered on the title;
- Letter from a physician certifying that care or maintenance is necessary; and
- Any other information regarding the proposed temporary dwelling as requested by Planning Services.

ADDITIONAL INFORMATION

*For a complete description of documents that must be submitted as part of your application, please refer to the attached guide. ** Note: a suitably worded s. 219 Covenant must be prepared and registered at the applicant's cost prior to approval of a temporary manufactured home.*

DECLARATION

I/We, the undersigned, hereby certify that the information provided herein is complete and, to the best of my (our) knowledge, a true statement of the facts related to this application, and that it meets the requirements of Section 3.7 of TNRD Zoning Bylaw No. 2400.

X

Signature of Owner/Agent

_____/_____/_____
dd mm yy

X

Signature of Owner/Agent

_____/_____/_____
dd mm yy