

DISTRICT OF TUMBLER RIDGE

APPLICATION FOR TEMPORARY  
COMMERCIAL AND INDUSTRIAL USE PERMITS



Municipal Contact: \_\_\_\_\_  
Application No.: \_\_\_\_\_ Date Received: \_\_\_\_\_

Phone: (250) 242-4242  
Fax: (250) 242-3993

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

Registered Owner: \_\_\_\_\_  
(if not applicant)  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

SUBJECT PROPERTY

Legal Description: \_\_\_\_\_  
Address: \_\_\_\_\_ Parcel Size: \_\_\_\_\_  
Current OCP Designation: \_\_\_\_\_ Current Zoning Designation: \_\_\_\_\_  
Current Land Use/Development: \_\_\_\_\_

PERMIT

Proposed Use/Development: \_\_\_\_\_  
Proposed Variation and/or Supplement to the Existing Regulations: \_\_\_\_\_  
Commencement Date of Proposed Project: \_\_\_\_\_

ADDITIONAL INFORMATION: (Reasons and comments in support of application. Use separate sheet or attach plans if required.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIRED DOCUMENTATION

- |  |  |
|--|--|
| <input type="checkbox"/> Application Fee \$300                 | <input type="checkbox"/> Dimensioned Site Development Plan (if required) |
| <input type="checkbox"/> Certificate of Title                  | <input type="checkbox"/> Contour Map (minimum of 1:1000 scale)           |
| <input type="checkbox"/> Authorization of Owner                | <input type="checkbox"/> Other _____                                     |
| <input type="checkbox"/> Dimensioned Sketch Plan (if required) |  |

I/We \_\_\_\_\_ make application to the District of Tumbler Ridge for the issuance of a Temporary Commercial and Industrial Use Permit.

I also certify that the information contained herein is correct to the best of my knowledge and belief. I understand **this application including any plans submitted is public information.** I authorize reproduction of any plans/reports for the purposes of application processing and reporting.

\_\_\_\_\_  
(Date) (Applicant's Signature)

This application is made with my full knowledge and consent.

\_\_\_\_\_  
(Date) (Registered Owner's Signature)

FOR OFFICE USE ONLY

- |   |   |
|---|---|
| <input type="checkbox"/> Application Form Complete        | <input type="checkbox"/> Dimensioned Sketch Plan Submitted (if required)            |
| <input type="checkbox"/> Application Fee Submitted        | <input type="checkbox"/> Dimensioned Site Development Plan Submitted (if required)  |
| <input type="checkbox"/> Certificate of Title Submitted   | <input type="checkbox"/> Contour Map Submitted (minimum 1:1000 scale) (if required) |
| <input type="checkbox"/> Authorization of Owner Submitted | <input type="checkbox"/> Other Submitted _____                                      |

**CHECKLIST**

***Dimensioned Sketch Plan*** draw to minimum scale of 1:1000 clearly indicating:

- Parcel or parcels to be redesignated
- Location (dimensioned from property lines) of existing buildings, structures and any natural features on or adjacent to the property

***Dimensioned Site Development Plan*** drawn to minimum scale of 1:1000 clearly indicating:

- Proposed buildings and structures
- Vehicle access
- Parking layout (with individual stalls clearly indicated)
- Site landscaping

**GENERAL OVERVIEW OF PROCESS**

