



HERITAGE ALTERATION APPLICATION

Corporation of the City of Vernon
 3001 – 32 Ave, Vernon, B.C., V1T 2L8
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 www.vernon.ca

DATE OF APPLICATION	CITY'S FILE NUMBER
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APPLICANT INFORMATION			
APPLICANT	NAME:		PHONE:
	ADDRESS:		FAX:
	POSTAL CODE:	E-MAIL:	CELL:
REGISTERED OWNER	NAME:		PHONE:
	ADDRESS:		FAX:
	POSTAL CODE:	E-MAIL:	CELL:

PROPERTY INFORMATION	
CIVIC ADDRESS	
LEGAL DESCRIPTION	
OFFICIAL COMMUNITY PLAN (OCP) DESIGNATION	
ZONING DESIGNATION	

DESCRIPTION OF PROPOSED APPLICATION	

ENSURE ALL OF THE FOLLOWING ARE INCLUDED (AS APPLICABLE)

APPLICATION CHECKLIST			
SITE PLAN	<input type="checkbox"/> Yes	LANDSCAPE PLANS	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
BUILDING ELEVATION PLAN (COLOURED)	<input type="checkbox"/> Yes	PHOTOGRAPHS OF EXISTING CONDITIONS	<input type="checkbox"/> Yes <input type="checkbox"/> No
SCHEDULE "3" (APPOINTMENT OF AGENT)	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	PROPOSED HAP CONFORMS TO OFFICIAL COMMUNITY PLAN	<input type="checkbox"/> Yes <input type="checkbox"/> No
TITLE SEARCH (<30 DAYS OLD) AND NON-FINANCIAL CHARGES	<input type="checkbox"/> Yes	PROPERTY SUBJECT TO RIPARIAN AREA REGULATIONS	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$500.00 - APPLICATION FEE PAID	<input type="checkbox"/> Yes	PROPERTY AFFECTED BY AGRICULTURAL LAND RESERVE	<input type="checkbox"/> Yes <input type="checkbox"/> No

*PLEASE NOTE: Once the application is approved in principle, a \$600.00 processing fee will be required.

APPLICANT NAME: _____
 (Please Print Clearly)

APPLICANT'S SIGNATURE: _____

Comments	For Office Use
	DATE RECEIVED:
	RECEIVED BY:
	ROLL No.:
	PROSPERO No.:

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