



Subdivision and Development Application Form

Bylaw No. 414, *Subdivision and Development Standards Bylaw*

Please fill out the following information and provide as much detail as possible.

APPLICATION FOR (check all that apply):	
<input type="checkbox"/> PRELIMINARY LAYOUT REVIEW (PLR)	<input type="checkbox"/> FEE SIMPLE
<input type="checkbox"/> PLR EXTENSION	<input type="checkbox"/> BARE LAND STRATA
<input type="checkbox"/> LOT LINE ADJUSTMENT	<input type="checkbox"/> PHASED STRATA PLAN
<input type="checkbox"/> DESIGN DRAWINGS APPROVAL	<input type="checkbox"/> STRATA CONVERSION
<input type="checkbox"/> FINAL SUBDIVISION APPROVAL	<input type="checkbox"/> BUILDING STRATA
1. Subject Property	
Civic Address:	
Legal Description:	
Property Size:	
Existing Use:	
Proposed Use: (# of new lots)	
2. Legal Property Owner	3. Applicant (if different from Property Owner)
Name:	Name:
Mailing Address:	Mailing Address:
Daytime Phone Number:	Daytime Phone Number:
Fax Number:	Fax Number:
Email Address:	Email Address:

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4. Property Details

Current Zoning	
Current OCP Designation	
Adjacent Land Uses	
Within 30m of a watercourse?	
Within an identified steep slope?	
Applicable Development Permit Area(s)	
Proposed Road Access	
Proposed Water Supply Method	
Proposed Sewage Disposal Method	
Proposed Storm Drainage Method	
Approximate Commencement Date of Proposed Project	

5. Application Checklist – List of Required Items for all Applications

1. Title Search

- Provision of current (within 30 days) Certificate of Title as well as copies of all non-financial charges.

2. Paper Prints of Proposed Layout

An application for Preliminary Layout Approval shall be accompanied by two paper copies and one digital PDF drawing of a sketch plan showing the following information:

- Legal description of the property(ies);
- Heavy or bold outline of the parcels included in application;
- The present use and location of all existing/proposed buildings and structures on the property(ies) showing measurements to the existing and proposed lot lines;
- The location, dimensions, area, and boundaries of both the existing parcels and proposed parcels;
- A number assigned to each proposed lot;
- Existing street and road names;
- The location and dimensions of any highway, public access, road, lane, walkway, trail, or park existing on or reasonably adjacent to the parcels included in the application;
- Plan of any proposed park, trail, and open space;
- The location and names of any bodies of water;
- The location and names of any water courses within or adjacent to the land to be subdivided;
- The location dimensions and plan numbers of any registered rights-of-way or easement existing on or adjacent to the lands under application;
- Plan must show location of the top of bank, leave strip and watercourse locations if watercourse is present;
- Plan must show the location of any significant natural features, environmentally sensitive areas, floodplains, unstable soils, high water table areas;
- Plan must show the location of any hazard areas, steep slopes, and any areas subject to flooding;
- Topographic plan with 2 metre contour intervals as required;
- Contour plan at 5 metre intervals where the grade is greater than 10%

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- The location and size of septic disposals fields;
- The location of potable water;
- The location, species, critical root area and size of all trees within, adjacent to, or within close proximity to the area to be subdivided and where the Approving Officer requests.
- Completion of Island Health Application for Subdivision if outside the Sewer Specified Area.

6. Signature for Subdivision Development Application

I/WE hereby declare that all of the above statements and information contained in the material submitted in support of this application are, to the best of my knowledge, true and correct in all respects.

DATE

APPLICANT'S SIGNATURE

THIS APPLICATION IS MADE WITH MY FULL KNOWLEDGE AND CONSENT

DATE

REGISTERED OWNER

DATE

REGISTERED OWNER

WASTE MANAGEMENT ACT: I, the applicant and/or owner, represent and warrant to the Town of Port McNeill, knowing that the Town of Port McNeill relies on this representation and warranty, that the property covered by this application has never, to the best of my knowledge having made due and diligent inquiry, been used for any purpose such that a site profile is required to be submitted under the British Columbia *Waste Management Act* and that the property is not contaminated or polluted in any way that would make it unlawful, unsafe or unsuited for the purpose for which it is to be used, including within the meaning of the British Columbia *Waste Management Act*.

I have read and agree to the above paragraph _____ (initial)

WAIVER AND INDEMNITY: I, the applicant and/or owner, assume all risks incidental to this application and agree to release, save harmless and indemnify the Town of Port McNeill and its officials, agents, servants, and representatives, from and against all claims, actions, costs, expenses and demands with respect to the death, injury, loss or damage to persons or property arising out of or in connection with this application. I agree to conform to all applicable bylaws.

I understand that no warranty is implied for the approval of this application and that this waiver and indemnity is binding on me, my heirs, executors, and assigns.

I have read and agree to the above paragraph _____ (initial)

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FOR OFFICE USE ONLY

Fees Collected	<input type="checkbox"/> Yes – Date: _____ <input type="checkbox"/> No Receipt No. _____
Zoning allows subdivision	<input type="checkbox"/> Yes <input type="checkbox"/> No
OCP allows subdivision	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Works Department report received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Municipal Planning Advisor’s report received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Municipal Engineering Advisor’s report received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Health Officer’s report received	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evaluation by Approving Officer	<input type="checkbox"/> Approval Date: _____ <input type="checkbox"/> Rejected Date: _____
Application advised	<input type="checkbox"/> Yes <input type="checkbox"/> No

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