

Application for Strata Conversion

This application form and accompanying checklist must be completed **in full** by the registered owner of the land or by the authorized agent acting on behalf thereof. This will assist the City in its processing of the application. PLEASE PRINT

PROPERTY INFORMATION:

Civic Address:				
Legal Description:				
Parcel Identifier Number (PID):				
Property Size:				
OCP Land Use Designation:				
Present Zoning:				
REGISTERED OWNERS:				
Registered Property Owner Name:	Day Time Telephone Number:			
	Alternate Number			
Mailing Address:				
	-			
APPLICANT OR AUTHORIZED AGENT:				
APPLICANT OR AUTHORIZED AGENT:	Day Time			
Contact Name:	Telephone Number: Alternate Number			
Mailing Address:	Fax Number:			
	Email Address:			
				
Date Received: Date	Date Received: Date Deemed Complete:			
File No: 3300.20. City City	Official:			
		Revised June 2011		

STRATA INFORMATION:

Please provide the following information with as much detail as possible. If you require more space please attach a separate sheet to the application.				
Number of Buildings on the Property:Proposed Number of Strata Units to be created:				
Description of Buildings (Apartment/Townhouse; Number of Floors; Type of Construction ie woodframe):				
Description of Units to be Created (How many; One Bedroom/Two Bedroom; Type of unit/facility to be provided):				
Description and size of Common Property to be Created:				
Number of On Site Parking Stalls:Number of Recreational Vehicle Stalls:				
Location: Location:				
Type and Location of Amenity Space:				

IMPORTANT NOTICE: AN APPLICATION WILL NOT BE DEEMED COMPLETE UNTIL ALL OF THE INFORMATION REQUIRED UNDER THE *LOCAL GOVERNMENT ACT* IS PROVIDED AND THE APPROPRIATE FEE HAS BEEN REMITTED. THE FOLLOWING ITEMS MUST ACCOMPANY THE **S**TRATA **C**ONVERSION **A**PPLICATION:

Application Fee	Total Provided:			
	 4 Units or Less \$100. plus \$25. / unit More than 4 Units \$300. plus \$25. / unit 			
Current Certificate of Title	(no less than 10 days old)			
Site Plan				
Proposal for Tenant Relocation / Assistance				
Preliminary Building Report (which includes but is not limited to: the age of the building, construction, method used, statement of building condition, life expectancy, need for repair, planned improvement undertaken and / or completed)				
Other Information Identified by City Staff (The applicant is advised to discuss the proposed application with City Staff prior to making application to determine what additional information is required.) NOTE: The City reserves the right to request additional information once the application has been reviewed.				
REGISTERED OWNER OF PERSON ACTING ON THE REGISTERED OWNER'S BEHALF				
REGISTERED OWNER OF PERSO	N ACTING ON THE REGISTERED OWNER'S BEHALF			
I, (full name)	hereby certify that: (please check one)			
I, (full name)				
I, (full name) a) I am the registered b) I have been design <i>attached</i>). and that	hereby certify that: (please check one)			
I, (full name) a) I am the registered b) I have been design <i>attached</i>). and that best of my knowle	hereby certify that: <i>(please check one)</i> d owner of the land described above; or nated as the representative or agent of the owner <i>(written consent</i> the information given on this form is full and complete and is, to the dge, a true statement of the fact relating to this application for strata title			
I, (full name) a) I am the registered b) I have been design <i>attached</i>). and that best of my knowle conversion. Signat	hereby certify that: <i>(please check one)</i> d owner of the land described above; or nated as the representative or agent of the owner <i>(written consent</i> the information given on this form is full and complete and is, to the dge, a true statement of the fact relating to this application for strata title ure Date			
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this material will become available to the public as part of the application, review and approval process.

Land Owner's Initials

I / We hereby authorize site access to City of Cranbrook Staff conducting site / building inspections during this application process.

Owner/Agent Name	Signature of Applicant		Date
THE CITY OF CRANBROOK	Phone: Toll Free: Facsimile: Address:	(250) 426-4211 (800) 728-2726 (250) 426-7264 40-10 th Avenue South Cranbrook,	WWW.CRANBROOK.CA BC V1C 2M8