



201-515 Hwy 97 South
 Kelowna, BC V1Z 3J2
 p 250 769 4999
 f 250 769 2441

Planning & Development Archaeological Assessment Intake Form

File #		Fees		Date Received		Receipt #	
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(the above is to be completed by staff)

Submit completed WFN Archaeological Intake Assessment Form with the following items and associated fee of \$750.00.

Office Use Only	Applicant	Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Parcel Abstract: Legal Description, registered easements, rights of way, covenants on title (must be printed within last 30 days – WFN will provide a copy)
<input type="checkbox"/>	<input type="checkbox"/>	Confirmation of Lease or Ownership (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Owner's Authorization (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Site plan including proposed building footprint and access
<input type="checkbox"/>	<input type="checkbox"/>	Geotech workplan including test locations
<input type="checkbox"/>	<input type="checkbox"/>	Site grading including fill / deposit
<input type="checkbox"/>	<input type="checkbox"/>	Landscape plan
<input type="checkbox"/>	<input type="checkbox"/>	Fencing plan (if not included or part of a landscape plan)

APPLICANT INFORMATION

Development Primary Contact:

First Name:	
Last Name:	
Company Name (if applicable):	
Mailing Address:	
City:	Postal Code:
Primary Contact No.:	Secondary Contact No.:
Email / Fax:	

Owner (Registered Lessee or CP Holder):

First Name:	
Last Name:	
Company Name (if applicable):	
Mailing Address:	
City:	Postal Code:
Primary Contact No.:	Secondary Contact No.:
Email / Fax:	

Note: *If the applicant is not the registered Lessee / CP Holder, the registered Lessee / CP Holder must complete the right column and sign the application; a supplemental Letter of Authorization is strongly recommended.*

SITE DESCRIPTION

Lot No.:	Plan No.:	Reserve No.
Civic Address:	Business License No.	
Current Zoning:	Current Land Use:	

DEVELOPMENT PROPOSAL

If any variances are proposed, a Development Variance Permit must be submitted with this application.

Type (e.g. single family, duplex):	Number of Units:	Building Area:
Height:	Number of Storeys:	Parcel Size:
Variances if any proposed:		

APPLICANT ACKNOWLEDGEMENT

By signing this application form, the Applicant attests that the information provided on this and all supplemental application forms is true and correct to the best of their knowledge. Any material falsehood or any omission of a material fact made by the Applicant with respect to this application may result in an issued permit becoming null and void.

I, the Applicant, certify that this application is being made with the full knowledge and consent of all interest holders of the property in question.

Applicant (Print Name)

Applicant Signature

Date

Owner (Print Name)

Owner Signature

Date

Note: *If the applicant is not the registered Owner (Lessee or CP Holder) of the subject property, a signature from the registered Owner is required on this application. Acceptance of fees does not imply or guarantee application approval. Application fees are non-refundable.*