



**CITY OF PORT ALBERNI
APPLICATION FOR
A VACANT BUILDING REGISTRATION PERMIT**

FOR OFFICE USE ONLY:

File No. _____ Date Received _____ Application Fee

Receipt No. _____ Application Received by _____

Note: The personal information collected on this form is collected for the purpose of an operating program or activity of the City of Port Alberni as authorized by Section 26(c) of the *Freedom of Information and Protection of Privacy Act*. All information collected with this form shall be disclosed to the public upon request. If you have any questions about the collection and use of this information, please contact the City Clerk at (250) 720-2810

Note: This application must be accompanied by a recent (within 30 days of application date) copy of the Land Title for the subject property. This may be obtained from a Notary Public.

SUBJECT PROPERTY INFORMATION:

Legal Description of property (as shown on Land Title or Tax Assessment Notice)(Please Print):

.....
.....

Civic Address of property (as verified by the City of Port Alberni)

.....

Postal Code: Telephone:

REGISTERED OWNER INFORMATION: List **ALL** registered owners with **full mailing addresses and phone numbers**. If the property owner is a corporation, the authorized representative must attach proof of signing authority on behalf of the corporation. (Attach a separate sheet if required)

ALL OWNERS ON TITLE Please Print Name(s):

.....

Date:..... **All Owners Signature(s):**.....

.....

Mailing Address for correspondence:

.....

Postal Code: Telephone:.....

SITE INFORMATION WORKSHEETS (use METRIC measurements)

1. Describe all existing structures/buildings on the subject site:

APPLICATION REQUIREMENTS CHECKLIST

This information is provided to assist the applicant and is **not** regarded as the right to development approval if the steps indicated are followed. Please ensure that the following supporting information is attached to your application before submission:

A complete application includes:

- Application for a Vacant Building Registration Permit, **Signatures** of Applicant / Authorizing Agent and **ALL Registered owners** of the subject property, Site Information Sheet.
- An **application fee** as specified in the City of Port Alberni Fees and Charges Bylaw.
- A **Title Search** dated no more than 30 business days prior to the date of the application.

If the applicant is NOT the owner the applicant must complete the following section:

APPLICANT/AGENT DECLARATION *(if the applicant or agent is not the property owner)*

Mayor and Councillors, City of Port Alberni, 4850 Argyle Street, Port Alberni, B.C., V9Y 1V8
Your Worship and Councillors;

I solemnly declare that I am the authorized agent of the registered owner/s of the real property described above. I hereby make application for a Vacant Building Registration Permit for the property and the City shall deal exclusively with me with respect to all matters pertaining to the application.

Applicant (Print Name):.....

Date:..... **Applicant's Signature:**

If the applicant is NOT the owner ALL Registered Owners or their Solicitor must complete the following section:

AUTHORIZATION BY OWNER *(if the applicant or agent is not the property owner)*

Mayor and Councillors, City of Port Alberni, 4850 Argyle Street, Port Alberni, B.C., V9Y 1V8
Your Worship and Councillors;

This application is made with my consent and full knowledge of the particulars of the above request.

ALL OWNERS ON TITLE Please Print Name(s):.....

.....

Date:..... **All Owners Signature(s):**

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