

**APPLICATION TYPE** (Provisions of Temporary Mobile Home Bylaw 1976) - Please select

New Application     Renewal

Accommodation for Sick or Elderly Person

Protection of Property Against Vandalism (Industrial or Commercial Properties Only)

For a Son or Daughter who, of necessity, Requires Accommodation

Accommodation for Farm Labour

**Please Complete for New Applications Only – Select all that apply**

Well Water Source (supply records)     Septic (current inspection required)     Municipal Water Source

Municipal Sewer     Applied for Building Permit     Letter of Rationale

Type and Size of Mobile Home:

Required Duration of Mobile Home:

Number of Dwellings on Property:

**DESCRIPTION OF SUBJECT PROPERTY – A property title issued within the last 30 days is required.**

Civic Address:

Legal Description:

Parcel Identifier No:

Folio:

**APPLICANT/OWNER INFORMATION & AUTHORIZATION**

<b>Applicant/Agent(s) Full Name(s):</b>		
<b>Corporate Owner (If Applicable):</b>		
<b>Mailing Address:</b>		
Street or Unit No:		
City:		
Province:	Postal Code:	
<b>Contact Numbers &amp; Email:</b>		
Phone:	Cell:	Fax:
Email:		

<b>Registered Owner(s) Full Name(s):</b>		
<b>Corporate Owner (If Applicable):</b>		
<b>Mailing Address:</b>		
Street or Unit No:		
City:		
Province:	Postal Code:	
<b>Contact Numbers &amp; Email:</b>		
Phone:	Cell:	Fax:
Email:		



**APPLICANT/OWNER INFORMATION & AUTHORIZATION continued**

**Please read the following authorization information fully, and complete to signify your authorization.**

I/We declare that all of the statements and information contained in the material submitted in support of this application are, to the best of my/our knowledge, true and correct in all respects. Where the applicant is **not the REGISTERED OWNER**, the application **must be signed by the REGISTERED OWNER(s)** acknowledging this application and the agency of the applicant.

\_\_\_\_\_  
**Applicant/Agent’s Signature:**

\_\_\_\_\_  
**Date:**

Do you consent to the release of your personal contact information (address, phone number, and email) for the purposes of processing this application, including public viewing, posting to North Cowichan’s website and sign postings?

(see: [www.northcowichan.ca](http://www.northcowichan.ca))     **YES**     **NO**

As Registered Owner(s) of the Subject Property or Properties listed on above, I/we hereby authorize the Applicant/Agent listed above to act on our behalf for this application. I/we acknowledge that North Cowichan will maintain communication only with the Applicant/Agent and I/we understand that any decisions by municipal staff or Council will be based on information provided by the Applicant/Agent. We agree to be bound by all decisions of the Applicant/Agent in this matter.

**All owners registered on title must sign below to authorize this application.** If the property is owned by a corporation, a designated person with signing authority for the company must sign the form.

\_\_\_\_\_  
**Registered Owner’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Registered Owner’s Signature**

\_\_\_\_\_  
**Date**

