



Strata Conversion Application

Planning Department-Development Services Division

171 Main St. | Penticton B.C. | V2A 5A9

P: (250) 490-2501 | E: planning@penticton.ca



January 1, 2024

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------|--------------------------------|
| Application# | | Master Project # | |
| | | Detail: | Fees (Refer to Page 2): |
| <input type="checkbox"/> | Strata Conversion (1-4 Units) | Total # of Units: | \$ |
| <input type="checkbox"/> | Strata Conversion (5+ Units) | Total # of Units: | \$ |
| <input type="checkbox"/> | Other (i.e. Title Search Fee) | | \$ |
| | | Total Fees | \$ |
| Applicant Information (Property Owner or Agent**) | | | **See Agency Agreement |
| Name(s): | | Phone: | |
| Company: | | Cell: | |
| Mailing Address: | | Email: | |
| Property Owner(s) Information (From Current Title) | | | |
| Name(s): | | Phone: | |
| Company: | | Cell: | |
| Address: | | Email: | |
| Property Information (Please submit a separate page if more than three properties are being developed) | | | |
| Civic Address and Legal Description/PID: | | | |
| Coordinating Professionals <i>(List professionals such as BC Land Surveyor, Engineer etc. Please submit additional page if required.)</i> | | | |
| Name(s): | | Phone: | |
| Company: | | Cell: | |
| Address: | | Email: | |

| Strata Conversion Application Fees | | <input checked="" type="checkbox"/> |
|--------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------|
| First Lot | \$588.00 | <input type="checkbox"/> |
| Each Additional Lot | \$590.00 + 160.00 per strata lot to a max. of \$2,165.00 | <input type="checkbox"/> |
| Legal Plan Approval Fee | \$66.15 (incl. GST) | <input type="checkbox"/> |
| Title Search | 22.05 (incl GST) | <input type="checkbox"/> |
| Report Inspection Fees | \$294.00 | <input type="checkbox"/> |
| Third Party Review of Professional Reports submitted with an Application | Actual Cost | <input type="checkbox"/> |

Applicant/Agent Confirmation

As **Applicant**, I confirm that I have attached to this application the required plans and specifications of the proposed development in accordance with the application checklist. I accept responsibility for processing delays caused by incorrect or insufficient submission materials. I understand that this application form is a public document and that any and all information contained in it, excluding personal information as that term is defined in the *Freedom of Information and Protection of Privacy Act*, is open for inspection by the public and may be reproduced and distributed to the public as part of a report(s) to Council or for purposes of a public hearing. And, I understand that approval is subject to Staff and Council deliberation and assessment

If all registered owners of the property are the 'Applicant', all must sign below. If only one registered owner is the 'Applicant', the remaining registered owner(s) must provide an Agency Agreement. Please submit a separate page if more signatures are required.

| | | |
|------------|-----------|-------|
| _____ | _____ | _____ |
| Print Name | Signature | Date |
| _____ | _____ | _____ |
| Print Name | Signature | Date |
| _____ | _____ | _____ |
| Print Name | Signature | Date |

Information collected on this form is done so under the authority of section 26 (c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose. For further information regarding the collection, use, or disclosure of personal information, please contact the Legislative Services Department at 250-490-2400.



Strata Conversion Checklist

Planning Department-Development Services Division

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The following list outlines all of the information necessary to provide a timely decision on your application.

*All items on the list must be provided with the application.
We are unable to accept applications that do not have all of the required items.*

**** The application will proceed through our review process AFTER payment is made. ****

| Applicant <input checked="" type="checkbox"/> | | Staff <input checked="" type="checkbox"/> |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> | Completed Application Form | <input type="checkbox"/> |
| <input type="checkbox"/> | Agency Agreement (If the 'Applicant' is not the registered owner.) | <input type="checkbox"/> |
| <input type="checkbox"/> | Letter of Intent <ul style="list-style-type: none"> • Include information that you would like staff and Council to consider when reviewing your proposal. • Outline your project. • What are the impacts on the neighboring properties as a result of your development application? • What is being done to minimize negative impacts on the neighboring properties? • What makes the development a positive contribution to the community? <p><i>Please be advised that your letter of intent may form part of the report to Council and personal information (i.e. phone numbers, personal address) should be omitted.</i></p> | <input type="checkbox"/> |
| <input type="checkbox"/> | Current Title (Required for each property) <ul style="list-style-type: none"> • Searched within 30 days. • Include current copies of any restrictive covenants, easements or utility rights-of way | <input type="checkbox"/> |
| <input type="checkbox"/> | City to pull current title(s) | <input type="checkbox"/> |
| <input type="checkbox"/> | Building Department – Approval/Code Compliance | <input type="checkbox"/> |
| <input type="checkbox"/> | Legal Plans (Email: planning@pentiction.ca) <ul style="list-style-type: none"> • Strata Plan Survey Plan Certification (Prepared by a BC Land Surveyor) | <input type="checkbox"/> |
| <input type="checkbox"/> | Strata Conversion (5+ Units) the following information is also required: As per Conversion to Strata Title Council Policy please provide: <ul style="list-style-type: none"> • Proof that at least 75% of the tenants approve or do not object to the conversion • Rental Vacancy Report | <input type="checkbox"/> |
| <input type="checkbox"/> | Application Fee | <input type="checkbox"/> |
| _____ | | _____ |
| Initial | | Initial |

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City of Penticton

COUNCIL POLICY

CONVERSION TO STRATA TITLE

1. The applicant is required to provide documentation to the satisfaction of the City that at least 75% of the tenants are in favour or do not object to the conversion;
2. The applicant must provide a report outlining the availability of similar types of rental accommodation with rental rates comparable to the subject building;
3. The building must substantially comply with the existing Building Code of British Columbia requirements with respect to safety, structural, and health aspects;
4. The building must substantially comply with the existing City of Penticton Zoning Bylaw regulations giving special consideration to use and density.

These policy guidelines are, of course, in addition to say statutory requirements that regulate condominium conversions.

City of Penticton
Strata Title Subdivision
RENTAL VACANCY REPORT
(To be completed by the applicant)

Name of Applicant _____

as part of an application to convert the building situated at

To condominium units, the following apartment blocks were contacted to determine the availability of comparable rental accommodation for those who may be displaced

First Building Name _____

Location _____

Name of Manager _____

Phone number where Manager may be reached during the day _____

Apartment Inventory _____

| | Total No. of Apts. | Vacant Apts. | Rent, including utilities and parking (\$) |
|-----------|--------------------|--------------|--------------------------------------------|
| Bachelor | | | |
| 1 Bedroom | | | |
| 2 Bedroom | | | |
| 3 Bedroom | | | |

Second Building Name _____

Location _____

Name of Manager _____

Phone number where Manager may be reached during the day _____

Apartment Inventory _____

| | Total No. of Apts. | Vacant Apts. | Rent, including utilities and parking (\$) |
|-----------|--------------------|--------------|--------------------------------------------|
| Bachelor | | | |
| 1 Bedroom | | | |
| 2 Bedroom | | | |
| 3 Bedroom | | | |

Third Building Name _____

Location _____

Name of Manager _____

Phone number where Manager may be reached during the day _____

Apartment Inventory _____

| | Total No. of Apts. | Vacant Apts. | Rent, including utilities and parking (\$) |
|-----------|--------------------|--------------|--------------------------------------------|
| Bachelor | | | |
| 1 Bedroom | | | |
| 2 Bedroom | | | |
| 3 Bedroom | | | |

Fourth Building Name _____

Location _____

Name of Manager _____

Phone number where Manager may be reached during the day _____

Apartment Inventory _____

| | Total No. of Apts. | Vacant Apts. | Rent, including utilities and parking (\$) |
|-----------|--------------------|--------------|--------------------------------------------|
| Bachelor | | | |
| 1 Bedroom | | | |
| 2 Bedroom | | | |
| 3 Bedroom | | | |

SUMMARY OF PROPOSED HOUSEHOLD RELOCATIONS

1. Number of households being relocated:

TYPE

RENT

Bachelor _____

1 Bedroom _____

2 Bedroom _____

3 Bedroom _____

2. Is there any special relocation assistance being provided to the tenants who will have to move

I hereby declare the above information to be factual and correct.

Date

Signature of Applicant

I, (We) the tenants of the building proposed to be converted into strata lots, have read the completed application on the front side of this sheet and am in favor or do not object to the conversion. I (We) understand the consequences of the conversion to Strata Title.

| Name (please print) | Unit # | Length of Tenancy | Signature | Date |
|---------------------|--------|-------------------|-----------|------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| 21. | | | | |
| 22. | | | | |
| 23. | | | | |
| 24. | | | | |
| 25. | | | | |
| 26. | | | | |
| 27. | | | | |
| 28. | | | | |
| 29. | | | | |
| 30. | | | | |
| 31. | | | | |
| 32. | | | | |
| 33. | | | | |
| 34. | | | | |
| 35. | | | | |
| 36. | | | | |

The signatures above represent _____% (percent) of the units to be converted (must be at least 75%).