



ENCROACHMENT AGREEMENT & LICENCE TO OCCUPY APPLICATION

OFFICE USE ONLY		FILE #	AMENDED FILE #:	PAYMENT STAMP
FEES	<input type="checkbox"/> New Application \$450	<input type="checkbox"/> Amendment to existing \$150	GL# 1140500-000	
AMOUNT OWING: \$				

NEW ENCROACHMENT AGREEMENT AND LICENCE TO OCCUPY **UPDATE EXISTING LICENCE TO OCCUPY (ONLY)**

All signage, awnings, fixtures or structures which project beyond the property line and into or above City of Nelson public lands require an up-to-date Encroachment Agreement registered against the Title of the Property and a Licence of Occupation Agreement related to the Encroachment Agreement. These Agreements are made between the Property Owner(s) and the City of Nelson.

The undersigned hereby makes an application to enter into an Encroachment Agreement and License of Occupation Agreement with the City of Nelson according to the following information:

PROPERTY UNDER APPLICATION					
CIVIC ADDRESS:				PID(s):	
LEGAL DESCRIPTION:	LOT(s):	BLOCK:	D.L.:	PLAN:	FOLIO/ROLL: 219
TYPE OF BUILDING:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Mixed Use (Commercial + Residential)		<input type="checkbox"/> Industrial	
	<input type="checkbox"/> Residential	<input type="checkbox"/> Multi-Residential		<input type="checkbox"/> Other _____	
PURPOSE OF APPLICATION (IDENTIFIED ENCROACHMENTS)					
TYPE OF STRUCTURE: (ie: awning, projecting sign, wall etc.) _____					
STRUCTURE IS: <input type="checkbox"/> New <input type="checkbox"/> Existing		LOCATION ON PROPERTY:			
APPLICANT					
APPLICANT IS THE: <input type="checkbox"/> OWNER <input type="checkbox"/> AUTHORIZED AGENT OF THE OWNER					
NAME:		PHONE:		PHONE (ALTERNATE) :	
BUSINESS NAME (IF APPLICABLE):		INCORPORATION NO. (IF APPLICABLE):			
MAILING ADDRESS:		POSTAL CODE:		E-MAIL:	
REQUIRED SUPPORTING DOCUMENTATION					
The following must be submitted once the application is approved:					
<input type="checkbox"/> Proof of Liability Insurance in the amount of \$5,000,000.00, naming the City of Nelson as an "Additional Insured".					

SIGNATURES

_____ Dated this _____ Day of _____ 20 _____
APPLICANT'S SIGNATURE