



# Covenant Amendment and Discharge Application

## PART 1

District of Saanich  
Planning Department

770 Vernon Avenue, Victoria BC V8X 2W7  
T: 250-475-5471 F: 250-475-5430  
[saanich.ca](http://saanich.ca)

Amendment

Discharge

### DESCRIPTION OF PROPERTY

Civic Address:

PID:

#### LEGAL

Lot:

Block:

Section:

Range:

Plan:

### APPLICANT (Please Print Clearly)

Company:

Name (Company Representative):

Address:

City:

Postal Code:

Email:

Phone:

Cell:

Fax:

### RELEASE OF INFORMATION - CONSENT

**\*If Applicant is the Owner (Owner/Applicant):** Do you consent to the release of your personal contact information (address and phone number) for the purposes of processing this application, including public viewing, posting to the Saanich website, Permit and Development Tracker, and sign postings.

Yes

No

The undersigned owner or authorized agent of the owner makes an application as specified herein, and declares that the information submitted in support of the application is true and correct in all respects.

Applicant's Signature (required):

Date:

*This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for processing this application. Questions can be directed to the District's Privacy Officer at: 770 Vernon Avenue, Victoria BC, V8X 2W7. t. 250-475-1775, e. [foi@saanich.ca](mailto:foi@saanich.ca)*

### PLANNING ADMINISTRATION ONLY

Comments checked in Tempest Land:      Yes      No

Applicant advised of Comments:      Yes      No

**(SDPA, FIDP, ALR, HERITAGE)** – Circle applicable comment(s)

Folder Number:

Local Area:

Notes:

Received By:



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### AUTHORIZATION

The owner(s) of the property, hereby authorize and appoint the purposes of the submitted application.

Print Name

as the agent for

All communication and correspondence regarding this application shall be directed to the applicant.

**All registered owners on Title must be listed and a signature provided.**

#### OWNER 1:

Company:	Name (Company Representative):		
Address:	City:	Postal Code:	
Email:	Phone:	Cell:	Fax:
Registered Owner Signature (or Company Representative with Signing Authority):		Date:	

#### OWNER 2:

Company:	Name (Company Representative):		
Address:	City:	Postal Code:	
Email:	Phone:	Cell:	Fax:
Registered Owner Signature (or Company Representative with Signing Authority):		Date:	

#### OWNER 3:

Company:	Name (Company Representative):		
Address:	City:	Postal Code:	
Email:	Phone:	Cell:	Fax:
Registered Owner Signature (or Company Representative with Signing Authority):		Date:	

#### OWNER 4:

Company:	Name (Company Representative):		
Address:	City:	Postal Code:	
Email:	Phone:	Cell:	Fax:
Registered Owner Signature (or Company Representative with Signing Authority):		Date:	