

Secondary Suite Grant Program

Contact Information

Owner		Applicant/Agent	
Full Name:		Full Name:	
Street Address:		Street Address:	
City:		City:	
Postal Code:		Postal Code:	
Phone Number:		Phone Number:	
E-mail:		E-mail:	
Owner Authorization (if someone is applying on their behalf):			

Note: If an applicant is applying on behalf of the owner, the applicant will be the point-of-contact for the City to communicate with. The owner of the property will be the recipient of the grant.

Project Address (if different from above)

Street Address:			
City:			
Province:		Postal Code:	
Legal Description:			
PID:		Zoning:	

Description of Proposed Suite Construction

Estimated Start Date of Construction:	Click or tap to enter a date.	Estimated Completion Date:	Click or tap to enter a date.
Briefly describe the suite you wish to construct: include its size, and features and if this is new construction or legalization of an existing suite. Also provide a description of where the suite will be located in the house e.g., basement, garage conversion, second storey, etc.			

Do you plan to take advantage of the government of Canada's mortgage insurance rule changes to enable homeowners to add secondary suites?	☐ Yes ☐ No	
Is the suite intended for rental?	☐ Yes ☐ Other	If other, please specify:
Confirm that the suite will not be used for short term rental purposes.	☐ Not for short term rental ☐ Intended for short term rental	
Are you legalizing an existing suite?	☐ Yes ☐ No	
Floor plan (attach or include a rough sketch of suite layout here):		

Eligibility Criteria

Do you own the property where the construction will take place?	☐ Yes ☐ No
If no for previous question, please specify:	
Have there been other City of Campbell River secondary suite applications made or issued at the project address?	☐ Yes ☐ No
Is there adequate parking provided (per the zoning bylaw)?	☐ Yes ☐ No
Is the construction in compliance with the zoning bylaw and building codes?	☐ Yes ☐ No
Building permit application number:	

Supporting Documents

Please attach the following documents:

1. Detailed floor plan/sketch (if not drawn above)	☐
2. Direct deposit form or void cheque for the grant issuance (you must provide one of these for the City to pay out the grant)	☐

Declaration and Signature

By signing this application, I declare that the information provided is accurate and complete to the best of my knowledge. I understand that submitting false or misleading information may result in disqualification from receiving the grant.

I also acknowledge that there are a limited number of grants available. Grants are only issued after the building permit is given final inspection. Therefore, grants are not issued on a first come first serve basis from the date of application but from the date of final inspection. Building permit applications can take different amounts of time depending on the complexity of what needs to be addressed.

Signature of applicant:

Date:

The City of Campbell River is collecting this personal information pursuant to s. 26 of the Freedom of Information and Protection of Privacy Act, for the following purpose: 26(c) - the information relates directly to and is necessary for a program or activity of the public body. If you have any questions about this collection of personal information, please contact the City's Privacy Head at foippa@campbellriver.ca or 250-286-5700.

Application Process

1. Contact Building Services to apply for your secondary suite building permit at building@campbellriver.ca
2. Submit this application form to the Long Range Planning Department at housing@campbellriver.ca
3. The grant application is reviewed for eligibility. You will be contacted within 10 business days about whether the application has been accepted or not.
4. After Final Inspection for your building permit, submit the inspection report to housing@campbellriver.ca

For Internal Use Only

Final inspection report complete:	☐ Yes ☐ No	Date:
Long Range Planning staff review	☐ Complete	Date:
Name:	Signature:	
Manager or director approval	☐ Complete	Date:
Name:	Signature:	