



Incomplete Applications will be returned, required documentation must be attached.

Payment must be received prior to EHO review. **Payment is non-refundable.**

Contact HBE Direct at 1-855-744-6328 or email HBE@interiorhealth.ca if you have questions.

Tax Assessment Roll #		Named Transferee(s) Existing Covenant <input type="checkbox"/> Ministry of Health <input type="checkbox"/> Interior Health Authority	
1. Lot Information (to which restrictive covenant applies)	Plan Number/Lot/District/Block/Range/Section/Township		
	Street Address/City/Postal Code/General Location		
2. Owner	Name of Legal Owner or Strata Corporation		
	Mailing Address (PO Box, Suite, House #, Street, City, Province, Postal Code)		
	Email Address	Phone Number(s)	
3. Legal Council/Agent (if applicable)	Name of Legal Council/Agent		
	Mailing Address (PO Box, Suite, House #, Street, City, Province, Postal Code)		
	Email Address	Phone Number(s)	
4. Sewerage System Consultant (if applicable)	Name of Authorized Person		
	Mailing Address (PO Box, Suite, House #, Street, City, Province, Postal Code)		
	Email Address	Phone Number(s)	
7. Plans and Specifications MUST be included	<input type="checkbox"/> Land Title Act Form C (Section 219.81) registered on title		
	<input type="checkbox"/> Land Title Act Form C (Section 233) Release		
	<input type="checkbox"/> Supporting evidence (refer to Applicant Guide)		
8. Freedom of Information	This Application to Release Section 219 Covenant is required to administer the Sewerage System Regulation 326/2004 and the collection of personal information complies with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection or use of this information, please contact HBE@interiorhealth.ca .		
9. Signature of Owner/Agent	Signature (The information on this application is true to the best of my knowledge)		
	Print Name	Date (dd/mm/yyyy)	
FOR OFFICE USE	Service Fee		
	Receipt		
	Initials	Date (dd/mm/yyyy)	