



APPLICATION FOR NON RESIDENTIAL EXEMPTION

Manufactured Home Act

Telephone: 250 356-8609

INSTRUCTIONS:

- You must attach a current tax certificate with this application.
- An Exemption Order cannot be issued until all encumbrances filed in the Personal Property Registry have been discharged or a written consent from each lender is filed.
- There is no fee for this application.
- All registered owners must sign the application. Attach an additional sheet if more space is required.

Freedom of Information and Protection of Privacy Act (FIPPA): The personal information requested on this form is made available to the *Manufactured Home Act*. Questions about how the *FIPPA* applies to this personal information can be directed to the Administrative Assistant of the Corporate and Personal Property Registries at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

A MANUFACTURED HOME INFORMATION

Full name(s) of registered owner(s)

DESCRIPTION OF MANUFACTURED HOME REGISTRATION NO.		MAKE/MODEL
LOCATION OF MANUFACTURED HOME STREET NO.	STREET NAME	CITY / TOWN / VILLAGE / MUNICIPALITY
		PROVINCE
		POSTAL CODE
LEGAL DESCRIPTION OF LAND OR PARK NAME AND PAD NO.		

B DECLARATION

I/We declare that after the manufactured home was no longer used for Residential Purposes.

Please check (✓) **ONLY ONE** box below to indicate what has happened to the manufactured home, or, what it is now used for:

Indicate what happened to the home:

BURNT
 DISMANTLED
 DILAPIDATED
 OTHER (please specify): _____

The home is presently used as:

OFFICE
 STORAGE SHED
 BUNKHOUSE
 OTHER (please specify): _____

C CERTIFICATION

Under section 21 of the *Manufactured Home Act*, the registered owner(s) request that an Exemption Order be issued and sent to:
 NAME

MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE
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D SIGNATURE OF REGISTERED OWNER(S)

All owners must sign the application – Please attach an additional sheet if more space is required

SIGNATURE OF HOME OWNER	DATE SIGNED YYYY / MM / DD	SIGNATURE OF HOME OWNER	DATE SIGNED YYYY / MM / DD
X		X	
SIGNATURE OF HOME OWNER	DATE SIGNED YYYY / MM / DD	SIGNATURE OF HOME OWNER	DATE SIGNED YYYY / MM / DD
X		X	

E WITNESS INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	OCCUPATION
STREET ADDRESS		CITY	PROVINCE
SIGNATURE OF WITNESS			DATE SIGNED YYYY / MM / DD
X			