

Board of Variance Appeal Application Form



Applicant

Name of Applicant (Contact Person) _____

**If the applicant is not the registered owner an Appointment of Agent form will be required.*

Company Name (If Applicable) _____

Company Search (If Applicable) _____

Phone 1 _____ Phone 2 _____

Fax _____

Email _____

Mailing Address _____

Please indicate preferred method of correspondence. Fax Email Mail

Property

Civic Address of Property _____

Legal Description of Property _____

**Must match title*

Proposed Variance Requested _____

Purpose of Proposed Variance _____

Yes

No

Is this variance required to legalize a building or structure that has already been constructed?

Was a valid Building Permit issued before Construction began? If yes, BP # _____

Please Note: In order for a variance to remain valid, a building permit must be issued within six months of the appeal date. This time limit may be increased or decreased at the Board's discretion. A relaxation granted by the Board applies only to the City bylaw specified.

Signature for Board of Variance Appeal

I / we hereby declare that all of the above statements and the information and materials submitted in support of this application are, to the best of my knowledge, true and correct in all aspects.

Date

Applicant Signature (print name below)

Consent of Neighbours

Consent of Neighbours: We the undersigned have been advised of the appeal and have examined the provided information and are familiar with the nature and extent of the appeal. We are the owners of property adjacent to the property of which this appeal is being made. We offer no objection whatsoever to the granting of the variance asked for in this appeal.

Owner's Name (Please Print)

Owner's Signature

Civic Address
