

Board of Variance Application Form

Contact Information		
Name of Applicant (Contact Person):		
** If the applicant is not the registered owner an Appointment of Agent form is required.	Please Print	
Company Name (If Applicable):		
Company Search (If Applicable):		
Phone:	Cell:	
Fax:	Email:	
Mailing Address:		
Please indicate preferred method of correspondence: Email Post Fax		

Property	
Civic Address of Property:	
Legal Description of Property: ** Must match title	
Proposed Variance Requested:	
Purpose of Proposed Variance:	
 This variance is required to legalize a building or structure that has already been constructed. A valid Building Permit was issued prior to construction, Building Permit #	

Signature for Board of Variance Application

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)

Please note that application submissions, including applicant's name, contact information, and plans/documents submitted will become part of the public record. Freedom of Information and Protection of Privacy Act (FOIPPA) information collected on this form is done so under the general authority of the Community Charter and FOIPPA, and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose.