

## Board of Variance Application Form

Contact Information	
<b>Name of Applicant (Contact Person):</b> <i>** If the applicant is not the registered owner an Appointment of Agent form is required.</i>	Please Print
Company Name (If Applicable):	
Company Search (If Applicable):	
Phone:	Cell:
Fax:	Email:
Mailing Address:	
Please indicate preferred method of correspondence: <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Fax	

Property	
Civic Address of Property:	
Legal Description of Property: <i>** Must match title</i>	
Proposed Variance Requested:	
Purpose of Proposed Variance:	
<input type="checkbox"/> Is this variance required to legalize a building or structure that has already been constructed? <input type="checkbox"/> Was a valid Building Permit issued prior to construction? If yes, BP#: _____	
<i>** 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.</i>	

### 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)

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