Development Variance Permit Application Form



Applicant	
Name of Applicant (Contact Person)	
*If the applicant is not the registered own	ner 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 c	correspondence.
Property	
Civic Address of Property	
*Must match title	
The Property is in Development Perm	it Area No
Proposed Variances Requested	
Purpose of Proposed Variances	
	ariance Permit Review e statements and the information and materials submitted in support knowledge, true and correct in all aspects.
Pate	Applicant Signature (print name below)

Application Fees

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