

BOARD OF VARIANCE NOTICE OF APPEAL

Time: _____
Appeal No _____

1) TO BE FILLED IN BY APPLICANT

PROJECT ADDRESS: _____

LEGAL DESCRIPTION: _____

REGISTERED OWNER/TENANT: _____ RES. PHONE: _____

ADDRESS: _____ POSTAL CODE: _____ BUS. PHONE: _____

AGENT: _____ RES. PHONE: _____

ADDRESS: _____ POSTAL CODE: _____ BUS. PHONE: _____

HAS BUILDING PERMIT BEEN APPLIED FOR? Yes _____ No _____

HAS BUILDING PERMIT BEEN ISSUED: Yes _____ No _____ Email: _____

2) TO BE FILLED IN BY APPLICANT - VARIANCE SOUGHT - Referred by: _____

EXISTING NON-CONFORMING YES _____ No _____ PREVIOUS APPEAL? YES _____ NO _____

REQUESTING RELAXATION(S) OF:

(a) FRONT YARD SETBACK REQUIREMENT from _____ to _____

(b) REAR YARD SETBACK REQUIREMENT from _____ to _____

(c) _____ SIDE YARD SETBACK REQUIREMENT from _____ to _____

_____ SIDE YARD SETBACK REQUIREMENT from _____ to _____

(d) FLANKING YARD SETBACK REQUIREMENT from _____ to _____

(e) GARAGE PROJECTION REQUIREMENT from 50% to _____ %

(f) LOT COVERAGE REQUIREMENT from _____ to _____

(g) HEIGHT REQUIREMENT from _____ to _____

(h) OTHER: _____

TO ALLOW (Circle One) CONSTRUCTION/RETENTION OF: _____

I HAVE READ THE APPLICATION REQUIREMENTS AND THE TERMS OF REFERENCE FOR THE BOARD OF VARIANCE. I CERTIFY THAT THE INFORMATION SUPPLIED WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF ALL REGISTERED OWNERS IS REQUIRED:

DATE: _____ SIGNATURE OF OWNER: _____

DATE: _____ SIGNATURE OF OWNER: _____

DATE: _____ SIGNATURE OF AUTHORIZED AGENT: _____

THE PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF BOARD OF VARIANCE BYLAW, THE LOCAL GOVERNMENT ACT, AND THE COMMUNITY CHARTER AND WILL BE USED ONLY FOR THE PURPOSE FOR WHICH IT WAS COLLECTED OR FOR A USE CONSISTENT WITH THAT PURPOSE. IF YOU HAVE ANY QUESTIONS ABOUT THE COLLECTION AND USE OF THIS INFORMATION, PLEASE CONTACT THE BOARD SECRETARY AT 604-591-4303.

3) TO BE FILLED IN BY LEGISLATIVE SERVICES DIVISION

4) TO BE FILLED IN BY BUILDING DIVISION

APPLICATION FEE: _____ RECEIPT NO. _____ DATE: _____ REC'D BY: _____ AT: _____ MAP NO: _____	ZONE: _____ TITLE _____ COVENANTS: _____ DVP/D.P. NO.: _____ L.U.C. NO.: _____ HERITAGE STATUS: _____ AGR. LAND RESERVE: _____	REC'D FROM LEGISLATIVE SERVICES: _____ REVIEWED? YES _____ NO _____ BY: _____ REMARKS AND NOTATIONS: _____ _____ _____ _____
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