



BOARD OF VARIANCE Application

APPLICANT

Name(s):

Address:

City:

Postal Code:

Phone No.:

Email:

REGISTERED OWNER (if different from above)

Name(s):

Address:

City:

Postal Code:

Phone No.:

Email:

SUBJECT PROPERTY (please see Note below)

Civic Address:

Legal Description:

Parcel Identifier No:

Note: Please attach a current land title search and copies of all charges, covenants, easements, etc. on Title for this property. If more than one property is concerned with this proposal, please attach a list including all details as listed above.

DEVELOPMENT DETAILS

Description of Variance Requested:

Description Of Undue Hardship:

Please provide a Rationale Letter with your application describing your project in detail. This letter must include a detailed description of your project, how your project complies with the Official Community Plan/Local Area Plan policies and Development Permit Guidelines, how your project benefits the community; and what variances are being requested, if any, and how they are justified.

Please refer to the Application Guide for other technical information and drawings required for this application. The Municipality reserves the right to reject or postpone the review of an incomplete application. The information in this application will only be used for the purpose for which it is obtained.

PREVIOUS PERMIT DETAILS

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

Yes

No

Was a valid Building Permit issued before construction?

Yes

No

If yes, Building Permit No:

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Personal information you provide on this form is collected pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Corporate Services Coordinator by email: duncan@duncan.ca or phone: 250-746-6126.

INFORMATION SUBMITTED

	Required	Submitted
Certificate of Title (no older than two weeks)	<input type="checkbox"/>	<input type="checkbox"/>
Owners names and signatures	<input type="checkbox"/>	<input type="checkbox"/>
Appointment of Agent Form (if applicant is not the registered owner)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of all covenants, easements, rights of way on Title	<input type="checkbox"/>	<input type="checkbox"/>
BCLS Site Survey Plan (4 copies) for setback or coverage variances	<input type="checkbox"/>	<input type="checkbox"/>
Parking Plan (4 copies)	<input type="checkbox"/>	<input type="checkbox"/>
Rationale Letter	<input type="checkbox"/>	<input type="checkbox"/>
Elevations (4 copies) for height variances	<input type="checkbox"/>	<input type="checkbox"/>
BCLS Height Survey (4 copies) for height variances	<input type="checkbox"/>	<input type="checkbox"/>
Strata Council Approval (if required)	<input type="checkbox"/>	<input type="checkbox"/>
\$1,000 Non Refundable Application Fee	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

I/We declare that all of the above statements and information contained in the material submitted in support of this application are, to the best of my/our knowledge, true and correct in all respects. Where the applicant is **not the REGISTERED OWNER**, the application **must be signed by the REGISTERED OWNER** acknowledging this application.

Applicant's Signature:

Registered Owner's Signature:

Date:

Date:

OFFICE USE ONLY

Date Received:

Fees Paid:

Folio No:

File No.:

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