

SCHEDULE F – FORMS MINOR VARIANCE APPLICATION

APPLICANT INFORMATION

Name: _____	Company: _____
Mailing Address: _____	
Phone Number: Day () _____	Alternate () _____
Fax () _____	E-mail: _____

PRESENT OWNER (IF DIFFERENT FROM APPLICANT)

Name: _____	Company: _____
Mailing Address: _____	
Phone Number: Day () _____	Alternate () _____
Fax () _____	E-mail: _____

SUBJECT PROPERTY

Lot(s): _____	Block: _____	Plan No: _____	Other: _____
Civic Address: _____			
Reasons for Requested Variance: _____			

TERMS AND CONDITIONS:

I hereby make application for Minor Variance under the provisions of Zoning Bylaw No. 14/2003 in accordance with the plans and supporting information submitted herewith and which form part of this application. Where I am not the property owner, I have included a letter of authorization from the owner(s).

Signature of Property Owner / Applicant

Date

FOR OFFICE USE ONLY

Tax Roll Number _____	Application Number _____
Date Received (Complete) _____	Received By _____
Current Zoning: _____	
Use: Permitted <input type="checkbox"/>	Discretionary <input type="checkbox"/>
Fees _____	Paid <input type="checkbox"/>

COLLECTION AND USE OF PERSONAL INFORMATION

The personal information being collected on this form is for the purposes of processing and acting upon this application in accordance with the *Planning and Development Act, 2007*, and is protected by the privacy provisions of the *Local Authorities Freedom of Information and Protection of Privacy Act*. The City will not share your personal information for purposes outside of those stated without your permission in writing, unless there is a specific exemption stated in the *Planning and Development Act, 2007* or *Local Authorities Freedom of Information and Protection of Privacy Act*.