601 Bancroft Street, PO Box 129

Ashcroft, BC V0k 1A0 Telephone: 250-453-9161 Email: admin@ashcroftbc.ca



BOARD OF VARIANCE APPPLICATION

OWNER INFORMATION

(add additional page if more than two owners)

Registered Owner:		Registered Owner:	
Mailing Address:		Mailing Address:	
Province:	Postal Code:	Province:	Postal Code:
Tel. (Home):	Tel. (Work):	Tel. (Home):	Tel. (Work):
Fax:	Email:	Fax:	Email:
	APPLIC	CANT INFORMATION	,
	(if different from owner)	
Applicant:		Applicant:	
Mailing Address:		Mailing Address:	
Province:	Postal Code:	Province:	Postal Code:
Tel. (Home):	Tel. (Work):	Tel. (Home):	Tel. (Work):
Fax:	Email:	Fax:	Email:
	SUB	JECT PROPERTY	·
Legal Description: _			
Civic Address:			

PROPOSED VARIANCE

Reason for Variance request:		
Expanding Non-Conforming Use	Hardship	Other (specify)
Proposed variance to the by-law requirements. Or your proposed variance with accurate dimensions.	•	ow the existing by-law requirement and
Submit a detailed site plan and other drawings dra duced by photocopier) that must include the follow		larger than 11" x 17" that can be repro-
⇒ The legal boundaries & dimensions;		
\Rightarrow The location of existing building, structures and	·	
⇒ The location of proposed buildings, structures		
Existing by-law requirement and proposed variable.		ons ;
⇒ Dimensions and/or floor areas of existing and p	. ,	
⇒ Height of existing and proposed buildings/addit ⇒ Elevation plan	ions;	
 ⇒ Elevation plan. In addition you will have to include the following do 	ocuments:	
⇒ State of Title Certificate of Title Search (not mo		
⇒ State of Title Certificate of Title Search (not fit) ⇒ Copies of all covenants and rights-of-way regis	•	
 ⇒ Copies of all coveriants and rights-or-way regis ⇒ Fees (if applicable). 	itered against the property,	
I/We		
	(Print Applicant Name(s)	
Make application to the Board of Variance. I/we als my knowledge and belief. I understand that this ap thorize reproduction of any plans/reports for purpos of plans/reports for purposes of application process on this form is collected for the purpose of process mation is collected under the authority of the Local	oplication, including any plan ses of application processing sing and reporting. I underst sing this application and for a	ns submitted, is public information. I aug g and reporting. I authorize reproduction tand that personal information collected
(Date) Applicant's	Signature	Applicant's Signature
This application is made with my full knowledge and	d consent.	
(Date) Ow	wner's Signature	Owner's Signature
Office Use Only:		
Date Received:	Fee Paid:	Receipt #: