

601 Bancroft Street, PO Box 129  
 Ashcroft, BC V0k 1A0  
 Telephone: 250-453-9161  
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## BOARD OF VARIANCE APPLICATION

### 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:

### APPLICANT 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:

### SUBJECT 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. On your attached site plan, show the existing by-law requirement and your proposed variance with accurate dimensions.

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Submit a detailed site plan and other drawings drawn to appropriate scale (no larger than 11" x 17" that can be reproduced by photocopier) that must include the following:

- ⇒ The legal boundaries & dimensions;
- ⇒ The location of existing building, structures and their uses;
- ⇒ The location of proposed buildings, structures or additions;
- ⇒ Existing by-law requirement and proposed variance with accurate dimensions ;
- ⇒ Dimensions and/or floor areas of existing and proposed buildings;
- ⇒ Height of existing and proposed buildings/additions;
- ⇒ Elevation plan.

In addition you will have to include the following documents:

- ⇒ State of Title Certificate of Title Search (not more than 6 months old);
- ⇒ Copies of all covenants and rights-of-way registered against the property;
- ⇒ Fees (if applicable).

I/We \_\_\_\_\_  
(Print Applicant Name(s))

Make application to the Board of Variance. I/we also certify that the information contained herein is correct to the best of my knowledge and belief. I understand that this application, including any plans submitted, is public information. I authorize reproduction of any plans/reports for purposes of application processing and reporting. I authorize reproduction of plans/reports for purposes of application processing and reporting. I understand that personal information collected on this form is collected for the purpose of processing this application and for administrative purposes. Personal information is collected under the authority of the Local Government Act.

\_\_\_\_\_  
(Date)    Applicant's Signature    Applicant's Signature

This application is made with my full knowledge and consent.

\_\_\_\_\_  
(Date)    Owner's Signature    Owner's Signature

<b>Office Use Only:</b>		
Date Received: _____	Fee Paid: _____	Receipt #: _____