



# Southwest New Brunswick Service Commission

## Variance Application

### 1. Identification

<b>OWNER</b>			
<b>ADDRESS</b>			
<b>PHONE NUMBERS</b>	Home #	Work #	Cell #
If different from owner	<b>APPLICANT NAME</b>		
	<b>APPLICANT ADDRESS</b>		

### 2. Property Information

<b>LOCATION</b>			<b>PID #</b>
<b>LOT DIMENSIONS</b>		<b>AREA</b>	
<b>SETBACKS</b>	FRONT	SIDE	REAR
<b>EXISTING LAND USE</b>			

### 3. Variance(s) Being Requested

<b>A. What type of variance is being requested? Please check appropriate items below.</b>	
<input type="checkbox"/>	Rural Plan / Zoning By-Law
<input type="checkbox"/>	Building Regulation / By-Law
<input type="checkbox"/>	Subdivision Regulation / By-Law
<input type="checkbox"/>	Setback Regulation
<input type="checkbox"/>	Other
If applicable, please complete a site plan, showing location of proposed building measurements to property lines.	
<b>B. Reason for Variance Request</b>	

### 4. Signatures

By signing this application, the owner/applicant hereby gives consent for SNBSC staff to visit on-site.	
Signature of Applicant	Date
Signature of Owner (if different from applicant)	

#### OFFICE USE ONLY:

Fee: \$ _____	<input type="checkbox"/> DEBIT <input type="checkbox"/> VISA <input type="checkbox"/> M/C	Received by:	Date Received:	Receipt #:
	<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE # _____			

<input type="checkbox"/> In-Office <input type="checkbox"/> PRAC	Reviewed by:	Date Reviewed:
<b>Comments:</b>		
Final Plans or Permit Approved by:	Date Approved:	