



1. Identification

OWNER			
ADDRESS			
PHONE NUMBERS	Home #	Work #	Cell #
If different from owner	APPLICANT NAME		
	APPLICANT ADDRESS		

2. Property Information

LOCATION			PID #
LOT DIMENSIONS		AREA	
SETBACKS	FRONT	SIDE	REAR
EXISTING LAND USE			

3. Variance(s) Being Requested

A. What type of variance is being requested? Please check appropriate items below.
<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. Reason for Variance Request

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:
Comments:		
Final Plans or Permit Approved by:	Date Approved:	