The information on this form is collected under the authority of the Local Government Act s. 895, 903, and 930. The information provided will be used to process your application for Amendment. If you have any questions about the collection and use of this information, contact the Chief Administrative Officer, 749-6681.



Hearing Date:

SECTION OF ZONING BYLAW BEING APPEALED:

Granted/Denied

TOWN OF LAKE COWICHAN Board of Variance Application for Appeal

FOLIO NO/S:		FILING FEE -\$:	200 – Rec#:
APPLICATION INFORMATION		DESCRIPTION OF PROPERTY	
NAME(S):		CIVIC ADDRESS:	
ADDRESS:			
CITY: PC	POSTAL CODE:		OPERTY: (Must match title)
PHONE: FA	AX:		
CHANGES REQUESTED			
I / WE hereby make application for an appeal to the Board of Variance pursuant to Section 727(1). Detail reasons for Appeal:			
* N O T E *			
Any and all works that are the subject of this application if undertaken prior to the date of the hearing by the Board of Variance will result in this application not being heard.			
LOCATION SKETCH			
 Location Sketch showing the location of the subject property (ies) in relation to the surrounding neighbourhood. Location and size of proposed and existing buildings. INCLUDE all setback measurements (front, rear, and side yards) and include distances from streams. ALL measurements MUST be in metric. 			
SIGNATURE FOR APPEAL			
I / WE hereby declare that all of the above statements and information contained in the material submitted in support of this application are, to the best of my knowledge, true and correct in all respects.			
Date		Applicant's Signat	ure
THIS APPLICATION IS MADE WITH MY FULL KNOWLEDGE AND CONSENT			
Date Registered Owner of Subject Property Where the applicant is not the REGISTERED OWNER, the application must be signed by the REGISTERED OWNER			
ZONING CATECORY.	OFFICE U		
ZONING CATEGORY:		DESCRIBE USE:	