



## Development Variance Permit Application

**Bylaw being Varied:**

Zoning Bylaw

**Property Address(es):**

Sign Bylaw

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Subdivision Control Bylaw

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Mobile Home Park Bylaw

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Other(specify): \_\_\_\_\_

**Purpose of Application**

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**Applicant(s)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner(s) of Property**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Details

Checklist	✓
Letter of Authorization	
Title Search	
Legal Documents on Title (eg. restrictive covenants, easements, etc.)	
BC Company Search (if property is owned by a corporate entity)	
Site Plan	
Elevations	

Residential	Proposed Units	Property Size (Ha)
1 or 2 Family Dwelling		
Townhouse		
Apartment		
Other	Site Size (m <sup>2</sup> )	
Commercial		
Industrial		
Institutional		
Mixed Use		
Agricultural		

1. Does the proposed development require the involvement of a registered architect as per the Architects Regulation?      Yes  
No
2. If so, have the provided plans been prepared by a registered architect?      Yes  
No

## Applicant Acknowledgement

Personal information collected on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of processing your Development Variance Permit application.

It is also collected under the authority of the *Local Government Act* and the *Community Charter* and may be used by the City of Chilliwack for other municipal purposes, including but not limited to bylaw enforcement or any other files where the information is relevant to conducting City business. By submitting this form, you are consenting to the use of your personal information for these purposes.

If you have any questions or concerns regarding the collection, use, disclosure or safeguarding of personal information associated with this form, please direct enquiries to the Legislative Services department at (604)793-2986.

I/We have attached to this application the required documents and hereby agree to submit further information and/or fees deemed necessary for processing this application.

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Applicant or Authorized Representative Name (Print)

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Signature

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Date

## Letter of Authorization & Release Form

DATE: \_\_\_\_\_

ATTENTION: **CITY OF CHILLIWACK**

I/WE \_\_\_\_\_

**REGISTERED OWNERS(S) OF PROPERTY(IES) ADDRESS(ES):**

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**AUTHORIZATION:** \_\_\_\_\_

I/we hereby authorize the person or firm named above to act as my/our agent in all matters related to this application for a Development Variance Permit of the property(ies) described above. This authorization includes permission to view, request and/or obtain copies of any relevant documentation or permits related to the above property(ies).

I/we further authorize the City of Chilliwack to release information and supporting documentation pertinent to this application, pursuant to the *Freedom of Information and Protection of Privacy Act*. This may include, but is not limited to, professional or consultant reports, site plans, drawings, application forms, and maps.

### All Registered Owners Must Provide Signatures, Full Name & Contact Information

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_