APPLICATION TO THE BOARD OF VARIANCE

Please note that Plans and/or other further supporting documents must be attached.

Applications must be submitted to the Planning Department (planning@penticton.ca).

Incomplete applications will not be accepted.

You will be advised of the date, time and place of the meeting by the Board of Variance Secretary (Phone: 250-490-2501)

January 1, 2025

Application(s) #						
Master Project #	er Project #					
APPLICATION FEES						
Application Fee		\$630.00				
Land Title Search (When not provided at time of application)		\$23.10 (incl. GST)				
APPLICANT INFORMATION (Property Owner(s) or Agent**)		**See Agency Agreen	nent			
Name(s):	Phone:					
Company:	Cell:	Cell:				
Mailing Address:	Email:	Email:				
PROPERTY OWNER INFORMATION						
Name(s):	Phone:					
Company:	Cell:					
Mailing Address:	Email:					
PROPERTY INFORMATION						
Civic Address/Legal Description:						
INDICATE THE BYLAW, SECTION AND DESCRIPTION OF VARIANCE						

OUTLINE GROUNDS of APPEAL (hardship, interpretation, rural or industrial servicing, non-conformance, destruction, etc.) If more space is required, please submit a 'Letter of Rationale'.					
destruction, etc.)	ii more space	is required, please submit a Letter of Rationa	aie.		
A 1:	c. ".				
Applicant to Complete	Staff to Complete	Required Items			
		Complete application form			
		A current copy of certificate (s) of title (search	thed within 30 days)		
		Current copies of any restrictive covenants,	ies of any restrictive covenants, utility rights-of-way or easements		
		Plans (The quality of the plans will depend applied for. All plans however, must be clearly dimensions.)	*		
		Owner authorization or Agency Agreement	(If the owner is not the applicant)		
		Letter of Rationale outlining reason for ap would like staff and Council to consider when	•		
		Bylaw Enforcement Letter (if required)			
		Additional items such as photos, letters of support from neighbours may also be submitted but not required.			
		Application Fee			
initial	initial				
Applicant/Agent	Confirmation	ı			
development in accinsufficient submissi contained in it, exclu <i>Act</i> , is open for inspe	ordance with the on materials. I Juding personal Pection by the pu	ve attached to this application the required plate application checklist. I accept responsibility for punderstand that this application form is a public donformation as that term is defined in the <i>Freedom</i> blic and may be reproduced and distributed to the id, I understand that approval is subject to Staff and	orocessing delays caused by incorrect or cument and that any and all information of Information and Protection of Privacy public as part of a report(s) to Council or		
	naining register	operty are the 'Applicant', all must sign below, ed owner(s) must provide an Agency Agreement.			
Print Name		Signature	Date		
Print Name		Signature	Date		

Information collected on this form is done so under the authority of section 26 (c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose. For further information regarding the collection, use, or disclosure of personal information, please contact the Legislative Services Department at 250-490-2400.