

REQUEST FOR VARIANCE



OFFICE USE ONLY	
Application No.:	Date Application Received:
Date Application Deemed Complete:	Application Received By:
Fee Received: <input type="checkbox"/> YES <input type="checkbox"/> NO	Fee Amount:

Consultation with the Planning and Lands Department at the City is encouraged prior to submission of this application. This application form must be accompanied by the submission requirements in order to be considered a complete application. Incomplete applications will not be processed until all information is provided.

TO BE COMPLETED BY APPLICANT

1. SUBMISSION REQUIREMENTS

SUBMISSION CHECKLIST
<input type="checkbox"/> Required Fee; <input type="checkbox"/> Two copies of a site plan (scale not less than 1:500); <input type="checkbox"/> Two copies of elevation plans / architectural plans, if applicable; <input type="checkbox"/> One set of plans in reduced 11" x 17" format; <input type="checkbox"/> A letter from the lessee or owner of the property, supporting this application, if you are <u>not</u> the lessee/owner (Section 5); <input type="checkbox"/> A mortgage approval letter if, for mortgaging purposes, approval is required from any other parties; <input type="checkbox"/> Other information as may be required by the Development Officer.
DESCRIPTION OF RELIEF REQUESTED FROM THE ZONING BY-LAW (Please attach a separate sheet if additional space required)
Request (List Variances):
Reasons for Request:

2. LOCATION

LOCATION DESCRIPTION		
Municipal Address:		
Closest Street Intersection:		
LEGAL DESCRIPTION		
Lot:	Block:	Plan:

3. CONTACT INFORMATION

NAME/TITLE	MAILING ADDRESS and POSTAL CODE	PHONE NO. FAX NO. E-MAIL ADDRESS
Property Owner(s) / Lessee		(P) -
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		(F) -
_____ first name last name		(E) -
Agent		(P) -
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		(F) -
_____ first name last name		(E) -
Other		(P) -
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		(F) -
_____ first name last name		(E) -

NOTE: Unless otherwise requested, all communications will be sent to the Owner's or Lessee's Authorized Agent, if any.

4. DESCRIPTION OF PROPERTY

PLANNING INFORMATION						
General Plan Designation:						
Zoning Category:						
Description		Frontage (m):				
		Depth (m):				
		Area (m ² or ha):				
		Property fronts on (road):				
		Easements/Right-of-Way:				
Type of Servicing		Water Supply (check one) <input type="checkbox"/> Piped system <u>OR</u> <input type="checkbox"/> Trucked services				
		Sewage Disposal (check one) <input type="checkbox"/> Piped system <u>OR</u> <input type="checkbox"/> Trucked services				
Use of Property		Existing Use(s)				
		Proposed Use(s)				
Buildings or Structures	Existing	Type of building:				
		Date of Construction:				
		Setbacks from lot lines:	Front:	Rear:	Side:	Side:
		Height:		Floor Area:		

4. DESCRIPTION OF PROPERTY (CONT.)

Buildings or Structures	Proposed	Type of building:				
		Dimensions:				
		Setbacks from lot lines:	Front:	Rear:	Side:	Side:
		Height:		Floor Area:		
Date of Acquisition/Lease:						
Length of time Existing Use has continued:						
Current Use of Adjacent Land:						
Loss or Addition of Housing Units: Will this development result in the removal / loss or addition of housing units? <input type="checkbox"/> LOSS <input type="checkbox"/> ADDITION <input type="checkbox"/> NO CHANGE Please indicate the number of housing units that will be lost or added: _____						
CONCURRENT APPLICATIONS						
Is this property the subject of any of the applications listed below?:						
Yes No		File Number:		Status:		
<input type="checkbox"/>	<input type="checkbox"/> General Plan Amendment	_____		_____		
<input type="checkbox"/>	<input type="checkbox"/> Zoning By-law Amendment	_____		_____		
<input type="checkbox"/>	<input type="checkbox"/> Development Permit Application	_____		_____		
<input type="checkbox"/>	<input type="checkbox"/> Variance Request	_____		_____		
<input type="checkbox"/>	<input type="checkbox"/> Not Known					

5. SWORN DECLARATION THAT INFORMATION IS ACCURATE

I, _____, of the City of _____, solemnly declare that all of the above statements contained in the application are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under Oath and by virtue of *The Canada Evidence Act*.

SWORN (or declared) BEFORE ME

At the City of Iqaluit _____

This _____ day of _____ 20____.

Commissioner of Oaths

Signature of Applicant

6. AUTHORIZATION OF LESSEE/OWNER FOR AGENT TO MAKE APPLICATION

If the application is to be signed by an agent on behalf of the lessee/owner, the following authorization must be completed or the lessee/owner must submit a letter of authorization.

I, _____, am the lessee/owner of the land that
is subject of this application and I authorize _____
to make this application on my behalf.

Date

Signature of lessee/owner