



BOARD OF VARIANCE APPLICATION

OFFICE USE ONLY
Application Fee: _____ Receipt No.: _____ File No.: _____

SECTION 1: DESCRIPTION OF PROPERTY
(AS INDICATED ON THE STATE OF TITLE CERTIFICATE)
Legal Description _____
Civic Address _____
Electoral Area _____ Parcel Identifier (PID) _____

SECTION 2: OWNER INFORMATION
(ATTACH ADDITIONAL PAGE IF MORE THAN TWO OWNERS)
1) Name _____ Mailing Address _____ Town/Province _____ Postal Code _____ Telephone/Cell _____ Fax _____ Email _____
2) Name _____ Mailing Address _____ Town/Province _____ Postal Code _____ Telephone/Cell _____ Fax _____ Email _____
I would prefer all correspondence via: email regular mail fax

SECTION 3: AGENT INFORMATION
Name _____ Mailing Address _____ Town/Province _____
Postal Code _____ Telephone/Cell _____ Fax _____ Email _____
I would prefer all correspondence via: email regular mail fax

SECTION 4: REASON FOR APPEAL
I/We, the registered owner(s) of the above noted property, hereby appeal to the Board of Variance for the following:
 To review a decision made by the Regional Board pursuant to Section 911(8) of the Local Government Act,
Or, to determine that compliance with the following will cause undue hardship:
 Respecting the siting, size or dimensions of a building or structure. (Note: use and density will not be considered for variance)
 Prohibiting structural alteration or addition to a building or structure containing a non-conforming use.
 Requiring subdivision servicing in an area zoned for agricultural or industrial uses.

3. The variance should not adversely affect the natural environment. Please describe how the requested variance meets this criteria.

4. The variance should not substantially affect the use and enjoyment of adjacent land. Please describe how the requested variance meets this criteria.

5. The variance should not vary the permitted uses or densities on a parcel, nor should a variance defeat the intent of the bylaw. Please describe how the requested variance meets this criteria.

SECTION 8: REGISTERED OWNER'S AUTHORIZATION

(ATTACH ADDITIONAL PAGE IF MORE THAN TWO OWNERS)

I hereby declare that all the above noted statements and information contained in this application and supporting documents are true and correct.

Signature of Registered Owner

Date

Signature of Registered Owner

Date

In order to process your application, please provide all necessary documentation with your application. Please refer to the Board of Variance Guide for further information. Contact the Board of Variance Secretary if you require assistance.

Submit the completed application form, required fee, plans, and supporting material to the Powell River Regional District.
The fee is payable to the "Powell River Regional District".

Powell River Regional District
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Powell River, BC V8A 2L2
Phone: 604-485-2260 Fax: 604-485-2216
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