

## APPLICATION FOR VARIANCE

### 1 PROPERTY

Address to be Developed: \_\_\_\_\_

Legal Description:

Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ or,  
Quarter \_\_\_\_\_ Section \_\_\_\_\_ Twp. \_\_\_\_\_ Range \_\_\_\_\_  
Land Use District \_\_\_\_\_ Roll # \_\_\_\_\_

### 2 VARIANCE NEEDED

Please include a description of your proposed/required variance:

  

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### 3 CONTACT INFORMATION

**Applicant:**

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

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell/Alternative: \_\_\_\_\_ Email: \_\_\_\_\_

(If Different Than Above)

**Landowner:**

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

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell/Alternative: \_\_\_\_\_ Email: \_\_\_\_\_

### 4 CONSENT TO ELECTRONIC NOTIFICATION:

I consent to receive documents from the Planning Department by electronic means and have provided the following email address to be used by the Town for that purpose.

*Email address to be used:* \_\_\_\_\_

**5 RIGHT OF ENTRY**

I DO       I DO NOT

GIVE CONSENT FOR AN AUTHORIZED PERSON(S) OF THE TOWN OF SLAVE LAKE TO ENTER UPON THE LAND

- **PRE-DEVELOPMENT INSPECTION(S)** EVALUATE THE SITE WITH THE PROPOSED DEVELOPMENT
- **LOT GRADING INSPECTION(S)** EVALUATE THE LOT GRADING ON SITE
- **FINAL DEVELOPMENT COMPLETION INSPECTION(S)** CONFIRM ALL CONDITIONS OF THE DEVELOPMENT PERMIT HAVE BEEN MET.

All inspections will be conducted during regular business hours i.e., Monday to Friday from 8:00 am to 4:30 pm. You are not required to be present during these inspections; however, you may be present if you choose. The Planning Department will not be entering into any structures at any time and will not be conducting inspections for any other reason(s) than those specified above. However, if this application is for an Apartment, a Secondary Suite, a Security Suite, or a Bunkhouse the Planning Department will conduct an inspection of the interior of these developments.

The personal information is being collected under the authority of s. 4(c) of the Protection of Privacy Act and will be used for administering the affairs of the Town of Slave Lake and provision of services. Information related to your permit application and/or any permit(s) issued may be disclosed as allowed or required by law. If you have any questions about the collection, contact the Town of Slave Lake Access of Information and Protection of Privacy Coordinator.

- I hereby acknowledge and understand that a Development Permit comes into effect 21 days after the date of decision of the Development Authority.
- The Land Use Bylaw provides that any person claiming to be affected by a decision of the Development Authority may appeal to the Subdivision and Development Appeal Board within 21 days of the date of decision.
- I hereby agree that, should I not appeal the conditions of the approval of the DEVELOPMENT AUTHORITY within 21 days from the date of the decision, I will undertake to perform, fulfill and abide by all conditions of the Development Permit.
- I understand that I may be required to obtain permits pursuant to the Alberta Safety Codes Act.

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Land Owner's Name (please print)

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Land Owner's Signature

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Date

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Applicant's Name (please print)

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Applicant's Signature

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Date**6 FEES, DEPOSITS, ETC. (OFFICE SECTION ONLY)**

Application Fee	\$ _____	Development Permit # _____
Development Deposit	\$ _____	
Others (_____)	\$ _____	Application Date: _____
<b>Total</b>	\$ _____	