



Development Permit # \_\_\_\_\_

Application Date: \_\_\_\_\_

**APPLICATION FOR VARIANCE PERMIT**

**1. GENERAL INFORMATION**

(Please complete contact information on the second page)

**Landowner:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**2. PROPERTY**

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

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ or, \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - W5

Land Use District \_\_\_\_\_ Roll # \_\_\_\_\_ Qtr. Sec. Twp. Rge. Mer

**3. VARIANCE NEEDED**

Please include a description of your proposed variance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. FEES, DEPOSITS, ETC.**

Variance Fee \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**5. CONTACT INFORMATION**

**Applicant:** \_\_\_\_\_

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

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

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell/Alternate:** \_\_\_\_\_

**Email:** \_\_\_\_\_

(If Different Than Above)

Landowner: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell/Alternate: \_\_\_\_\_

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

The personal information is being collected under the authority of the Municipal Government Act M-26 and will be used for administering the affairs of the Town of Slave Lake and provision of services. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Town of Slave Lake FOIP 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.

\_\_\_\_\_  
 Name of Applicant (Please Print in Block Letters)      Signature of Applicant      Date

\_\_\_\_\_  
 Name of Landowner (Please Print in Block Letters)      Signature of Landowner      Date

**6. CONSENT TO ELECTRONIC NOTIFICATION**

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

*E-mail address to be used:* \_\_\_\_\_

\_\_\_\_\_  
 Landowner's Name (printed)      Landowner's Signature      Date

\_\_\_\_\_  
 Applicant's Name (printed)      Applicant's Signature      Date