

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:

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 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.

Land Owner's Name (please print)

Land Owner's Signature

Date

Applicant's Name (please print)

Applicant's Signature

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

Application Fee	\$ _____	Development Permit # _____
Development Deposit	\$ _____	
Others (_____)	\$ _____	Application Date: _____
Total	\$ _____	