



DISTRICT OF PORT HARDY
APPLICATION FOR
MINOR VARIANCE OR EXEMPTION

This form will only be accepted if it is completed in full and accompanied by all required information and fees.

Application Process

- Once the completed application, fee and required information is received, the Secretary of the Board will contact the Board of Variance members to set a hearing date.
- Written notice of the application and Board meeting date will be delivered to the applicant and all property owners and tenants of property within 50 metres of the subject property. Those property owners and tenants may attend the Board meeting to provide input or submit written comments to the Board.
- Board of Variance meetings are open to the public.
- All those deemed to have an interest in the application will be given an opportunity to address the Board.
- The Board's decision is final.

Required Information

- | | |
|---|--|
| <input type="checkbox"/> Complete application signed by the registered owner(s) of the subject property | <input type="checkbox"/> Copy of covenants, easements or rights-of-way registered on the title of the land |
| <input type="checkbox"/> Certificate of State of Title dated no more than thirty days prior to the date of application. | <input type="checkbox"/> Scaled sketch plan of the lot detailing location, lot dimensions, highway, public roadways, right of way, location of creeks, water courses and wetlands, and current buildings on site including setbacks. |
| <input type="checkbox"/> Application fee. | |



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APPLICATION FOR
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REGISTERED OWNER

First Name _____ Last Name _____
Company Name _____
Address _____
City _____ Province _____ Postal Code _____
Telephone _____ Cell _____
Email _____

AGENT OR CONSULTANT WORKING UNDER THE WRITTEN AUTHORITY OF THE OWNER

Contact
First Name _____ Last Name _____
Company Name _____
Address _____
City _____ Province _____ Postal Code _____
Telephone _____ Cell _____
Email _____

PROPERTY INFORMATION

Civic Address _____
Legal
Description _____
Present Land Use Designation _____ Present Zoning _____

Description of the Existing Use

SPECIFICS OF PROPOSAL

Description of the Proposed Use if Different from Current Use (use a separate sheet if necessary)

Proposed variation and/or supplementation to the existing regulations (use separate sheet if necessary)

State the hardship imposed by regulations or reasons in support of the application

OWNER(S) OR AGENT/CONSULTANT AUTHORIZATION (Only complete one)

OWNER(S), IF PERSONALLY APPLYING

I/We, _____
(Name of Owner - please print)

solemnly declare that I/we am/are the registered owner(s) of the real property described as

(Legal description of property)

and that I/we am/are registered as such in the Land Title Office in Victoria, BC. I/We hereby declare that the foregoing information is true and proper and I/we make this declaration knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

AGENT OR CONSULTANT, IF APPLYING ON BEHALF OF THE OWNER

I, _____ solemnly declare that I am the authorized agent of
(Name of Agent/Consultant - please print)

(Name of Owner(s) - please print)
who is/are the registered owner(s) of the real property described as

(Legal description of property)

It is understood that, until the District of Port Hardy is advised in writing that I am no longer acting on behalf of the undersigned owner(s), the District shall deal exclusively with me in respect to all matters pertaining to the proposed application. I hereby declare that the foregoing information is true and proper and I make this declaration knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of Agent: _____ Date: _____

Signature of Owner: _____ Date: _____

Signature of Owner: _____ Date: _____

Signature of Owner: _____ Date: _____

Signature of Owner: _____ Date: _____

District of Port Hardy
PO Box 68, 7360 Columbia Street
Port Hardy, BC V0N 2P0
Telephone: 250 949-6665 Fax: 250 949-7433
www.porthardy.ca

FOR OFFICE USE

Application fee \$ _____

Payment received

Date _____ Receipt number _____

Application reviewed by _____ Hearing Date: _____

Notices to neighbouring property owners sent (date) _____

Application distributed to Municipal Inspector and Director of Corporate Services (date) _____

Director of Corporate Services

Application distributed to Operational Services (date) _____

Application distributed to Epcor (date) _____

Notes:

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