

**DISTRICT OF TUMBLER RIDGE**  
**BOARD OF VARIANCE APPLICATION**



Municipal Contact: \_\_\_\_\_ Phone: (250) 242-4242  
 Application No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ Fax: (250) 242-3993

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_

Registered Owner: \_\_\_\_\_  
 (if not applicant)  
 Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

SUBJECT PROPERTY

Legal Description: \_\_\_\_\_  
 Address: \_\_\_\_\_ Parcel Size: \_\_\_\_\_  
 Current OCP Designation: \_\_\_\_\_ Current Zoning Designation: \_\_\_\_\_  
 Current Land Use/Development: \_\_\_\_\_

PROPOSED VARIANCE

Proposed Use/Development: \_\_\_\_\_  
 Proposed Variation and/or Supplement to the Existing Regulations: \_\_\_\_\_

ADDITIONAL INFORMATION: (Reasons and comments in support of the application. Use separate sheet or attach plans if required.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REQUIRED DOCUMENTATION

- |  |   |
|--|---|
| <input type="checkbox"/> Application Fee \$300                 | <input type="checkbox"/> Dimensioned Site Development Plan (if required)                      |
| <input type="checkbox"/> Certificate of Title                  | <input type="checkbox"/> Front and Side Elevation Drawings (minimum 1:50 scale) (if required) |
| <input type="checkbox"/> Authorization of Owner                | <input type="checkbox"/> Contour Map (minimum 1:1000 scale) (if required)                     |
| <input type="checkbox"/> Dimensioned Sketch Plan (if required) | <input type="checkbox"/> Other _____  |

I/We \_\_\_\_\_ make application to the District of Tumbler Ridge for the issuance of a Board of Variance Permit.

I also certify that the information contained herein is correct to the best of my knowledge and belief. I understand **this application including any plans submitted is public information**. I authorize reproduction of any plans/reports for the purposes of application processing and reporting.

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

This application is made with my full knowledge and consent.

\_\_\_\_\_  
 (Date) (Registered Owner's Signature)

**FOR OFFICE USE ONLY**

- |  |  |
|--|--|
| <input type="checkbox"/> Application Form Complete                       | <input type="checkbox"/> Dimensioned Site Development Plan Submitted (if required)                   |
| <input type="checkbox"/> Application Fee Submitted                       | <input type="checkbox"/> Front and Side Elevation Drawings Submitted (min. 1:50 scale) (if required) |
| <input type="checkbox"/> Certificate of Title Submitted                  | <input type="checkbox"/> Contour Map Submitted (minimum 1:1000 scale) (if required)                  |
| <input type="checkbox"/> Authorization of Owner Submitted                | <input type="checkbox"/> Other Submitted _____   |
| <input type="checkbox"/> Dimensioned Sketch Plan Submitted (if required) |  |

**CHECKLIST**

***Dimensioned Sketch Plan*** draw to minimum scale of

- Parcel or parcels to be redesignated
- Location (dimensioned from property lines) of existing buildings, structures and any natural features on or adjacent to the property

***Dimensioned Site Development Plan*** drawn to minimum scale of 1:1000 clearly indicating:

- Proposed buildings and structures
- Vehicle access
- Parking layout (with individual stalls clearly indicated)
- Site landscaping

**GENERAL OVERVIEW OF PROCESS**

