



# Variance Application Form

OFFICE USE ONLY  
VC # \_\_\_\_\_  
Fee: \_\_\_\_\_  
Receipt No: \_\_\_\_\_

**Purpose:** A Variance Application is used to receive an exception to Land Use Bylaw regulations. Variances may be granted for accessory building coverage, building setbacks, building height, lot coverage or an addition to a non-conforming building. Variances are granted on a discretionary basis to address limitations on a property.

I/We hereby make application under the provisions of the Land Use Bylaw 26/001 for a Variance.

## PLEASE PRINT

### **Applicant and Owner Information:**

Applicant Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Registered Owner(s): \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### **Property Information**

Legal Land Description<sup>1</sup>: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Alberta Township Grid System: LSD \_\_\_\_\_ Sec \_\_\_\_\_ TWP \_\_\_\_\_ Range \_\_\_\_\_ W4M \_\_\_\_\_

Civic Address: \_\_\_\_\_

Certificate of Title Number: \_\_\_\_\_

### **Variance Information**

Variance Requested:

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<sup>1</sup> Civic Address Translator: <http://internetapps.woodbuffalo.ab.ca/electronicpermitting/CivicTranslator.aspx>



REGIONAL MUNICIPALITY  
OF  
**WOOD BUFFALO**

Planning & Development Services  
Regional Municipality of Wood Buffalo  
Office: 9909 Franklin Avenue, Fort McMurray, AB T9H 2K4  
T: 780-793-1043 E: [permit.inquiries@rmwb.ca](mailto:permit.inquiries@rmwb.ca)

**Registered Owner** (or person acting on the registered owner's behalf)

**Registered Owner** I/We hereby give permission to the Regional Municipality of Wood Buffalo to do a site inspection and take photographs of this property as necessary for the purpose of consideration in this variance application.

\_\_\_\_\_  
Signature of Registered Owner

I, \_\_\_\_\_ hereby certify that

I am the registered owner, or

I am the agent authorized to act on behalf of the registered owner

and that the information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The personal information on this form is authorized under Section 4(c) of the *Protection of Privacy Act* and is managed in accordance with the *Act*. The personal information will be used as contact information and to process your application. If you have questions about the collection or use of your personal information, please contact PULSE at 780-743-7000, 1-800-973-9663, or online at [rmwb.ca/pulse](http://rmwb.ca/pulse).