

 <p>City of Revelstoke Box 170, 216 Mackenzie Ave Revelstoke, BC V0E 2S0 Ph: (250) 837-3637 Fax: (250) 837-3632 development@revelstoke.ca www.revelstoke.ca</p>	<h1 style="color: red;">DEVELOPMENT VARIANCE PERMIT APPLICATION</h1>	<b>For Official Use Only</b>
		Permit Number: _____ Date of Application: _____ Application Accepted by: _____ Roll Number: _____

\*\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\*\*

Location	Civic Address:	
Legal Description	Lot:	Plan:

Registered Owner	Name:		Phone:
	Mailing Address:		Fax:
	City:		Cell Phone:
	Postal Code:	e-mail:	

Applicant and/or Agent	Name:		Phone:
	Mailing Address:		Cell Phone:
	City:		Fax:
	Postal Code:	e-mail:	

**PREFERRED METHOD OF CONTACT:**     Phone     E-mail     Mail

OCP Designation:		Zoning:	
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Variance Description	

Application Checklist			
Appoint. of Agent (Schedule 3)	☐YES ☐NO ☐N/A	Conforms to Zoning Bylaw	☐YES ☐NO ☐N/A
Title Search (<30 days old)	☐YES ☐NO ☐N/A	Conforms to Subdivision Dev. & Serv. Bylaw	☐YES ☐NO ☐N/A
Plans Depicting Variance	☐YES ☐NO ☐N/A	Property Affected by ALR	☐YES ☐NO ☐N/A
One set of plans (8.5x11 or 11x17)	☐YES ☐NO ☐N/A	Property Affected by Heritage Designation	☐YES ☐NO ☐N/A
Electronic copy of plans	☐YES ☐NO ☐N/A	Property Affected by Environmental Issues	☐YES ☐NO ☐N/A
Conforms to OCP	☐YES ☐NO ☐N/A	Fees Included	☐YES ☐NO ☐N/A

\*\*N/A is Not Applicable\*\*

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_  
 (Owner or Agent) (please print clearly) (Owner or Agent)