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langleycity.ca

## **BOARD OF VARIANCE APPLICATION**

BUILDING DIVISION inspections@langleycity.ca 604-514-2804

PRIOR TO ACCEPTING A BOARD OF VARIANCE APPLICATION, A COMPLETE BUILDING PERMIT APPLICATION SUBMISSION IS REQUIRED

PROPERTY INFORMATION					
Address:					
Lot #:	PID:	Folio:			
		APPLICANT INFORM	MATION		
Applicant Name:_					
			email:		
Address:		City:	Province:	Postal:	
Owner Name (if dif	fferent from Applicant	Name):			
Phone:	Cell:	email	:		
Address:		City:	Province:	Postal:	
	V	ARIANCE REQUEST	DETAILS		
	ION OF PROPOSED ace the required writter		ne relief being sought ar	nd the undue hardship)	
	OTHER SIDE MI	IST RE COMPLETED I	ΡΡΙΌΡ ΤΟ ΑΡΡΙΙΟΑΤΙ	TON —	

OTHER SIDE MUST BE COMPLETED PRIOR TO APPLICATION

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Any personal information collected on this form will be managed in accordance with the Freedom of Information and Protection of Privacy Act. Direct enquiries, questions, or concerns regarding the collection, use, disclosure, or safeguarding of personal information associated with this form to: Head of Freedom of Information, City of Langley, 20399 Douglas Crescent, Langley, BC V3A 4B3, info@langleycity.ca or 604.514-4591

VADIANCE DECUEST DETAILS CONTINUED						
VARIANCE REQUEST DETAILS CONTINUED						
APPLICATION CH	IECKLIST:					
The following are t	o be submitted at the time of this ap	oplication:				
☐ Application						
•	Board of Variance Application Forn					
	<ul> <li>□ Written statement, signed by the owner, setting out in detail the undue hardship and the relief sought.</li> <li>□ Two complete sets of architectural design drawings reduced in size to 11" X 17".</li> </ul>					
•	showing all buildings on the propert					
Where cor	estruction has begun (related to the eight relaxations.	he BOV application), a legal su	rvey is required including			
Letter of Authorization (if the application is submitted by an agent, not the Registered Owner, written authorization from the owner must accompany the application).						
	d to this application the attachments		on fee and hereby agree to			
document may b	acknowledge that all informati e made available to the public s redacted from the document bef	subject to the FOI Act. Should	you wish your personal			
Name of Applicant:		Signature:	Date:			