



File: 7. 9.3.67
PID Nbr: 010-554-319
Roll Nbr: _____

DEVELOPMENT & DEVELOPMENT VARIANCE PERMIT APPLICATION

I/We WALTER & SUSAN THORNE
(Name of Applicant)
of 12 FARROW ST. KITIMAT, BC. V8C1E2
(Mailing Address)

apply for the following permit(s) to manage development on the property specified below.

1. **Permit Type**
- Development Permit \$700
 - Development Variance Permit \$350

2. **Subject Property**

Civic Address 12 FARROW STREET, Kitimat, B.C., V8C 1E2

Legal Description 16 142 6152 RANGES PLAN 5427
Lot Block District Lot RP

Zone R1-A Property Area 65'x100' 6500 ft² ha

Official Community Plan Designation -neighborhood

3. **Existing Use**

Describe existing use and development.
RESIDENTIAL

4. **Proposed Use**

Describe proposed use and development (attach extra pages if necessary).
BOAT STORAGE SHED NEXT TO GARDEN

Approximate project start date and completion schedule.
APRIL 15, 2017

5. **General Comments**

Reasons and comments in support of application.

7. Attachments

The Director of Community Planning and Development may require you provide some or all of the following documents in support of your application. Please attach all documents which are checked as "required". Other information may also be requested.

Required Sketch plan of site showing the parcel(s) to be re-designated (by zoning amendment), existing building, access, services and scale. Measurements should be in metres. Preferred size is 28 cm x 43 cm (11" x 17").

Required Technical information and reports listed below.

N/A

Required Copy of (1) State of Title Certificate, or (2) Certificate of Indefeasible Title, for subject property. Copies are available from the Land Title Office, and should be dated no more than thirty days prior to application date.

8. Declarations

a. Property Owner

Where the applicant(s) is/are not the registered property owner(s), the following statement must be signed by the registered owner(s) or the owner's(s) agent.

This application is made with my/our full knowledge and consent.

WALTER + SUSAN THORNE FEBRUARY 9, 2017
Name(s) Date

12 FARROW ST, KITIMAT BC
Mailing Address (incl Postal Code)
V8C - TEL 250-632-7632 Swthorne@telus.net NO
Phone Email Fax

b. Applicant

I/We declare that statements and information submitted in support of this application are, to the best of my/our knowledge, true and correct.

W.D. Thorne Feb 9 2017
Signature(s) Date
250-632-7632 Swthorne@telus.net NO
Phone Email Fax

FOR OFFICE USE:

Yes No additional info requested 15 Feb 14 Feb 2017 maw
Application Details Attached? Fee Paid (Date) Initials of Official

Yes No Yes No
Building Permit Required? Bldg Permit Application Rcvd?

Circulation: Building Engineering Fire Planning PNY

Department Comment Required by: @ internal review mtg.
(Date)