



File: 7. 9.3.90
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DEVELOPMENT & DEVELOPMENT VARIANCE PERMIT APPLICATION

I/We Jeffrey Skuggedal
(Name of Applicant)
of 317 Enterprise ave kitimat bc v8c 2e1
(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 330 Enterprise ave, Kitimat, B.C., V8C 2e3
 Legal Description Lots 7-8 Plan PRP3526 District lot 6061 range 5 land district 14

Lot	Block	District Lot	RP
Zone <u>service center</u> Property Area <u>.097 hectares</u> ha			
Official Community Plan Designation <u>M2</u>			

3. **Existing Use**

Describe existing use and development.
Existing commercial building for all west glass shop. To be demolished

4. **Proposed Use**

Describe proposed use and development (attach extra pages if necessary).
See attached.

Approximate project start date and completion schedule.
June-Oct

5. **General Comments**

Reasons and comments in support of application.
Included in attachment.

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.

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.

Jeff Skuggedal

Name(s)

April 18, 2019

Date

317 Enterprise ave kitimat bc v8c 2e1

Mailing Address (incl Postal Code)

Jeff Skuggedal
Authorized Signature(s)

Owner's Agent
Auth.

2506323923

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.

Signature(s)

Date

Phone

Email

Fax

FOR OFFICE USE:

Yes No
Application Details Attached?

Fee Paid (Date)

Initials of Official

Yes No
Building Permit Required?

Yes No
Bldg Permit Application Rcvd?

Circulation: Building Engineering Fire Planning

Department Comment Required by: _____
(Date)