



File: 7. _____

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DEVELOPMENT & DEVELOPMENT VARIANCE PERMIT APPLICATION

I/We Alan Kennedy (Name of Applicant)

of 27 Fulmar St Kitimat BC. (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 27 Fulmar St Kitimat, Kitimat, B.C., V8C _____

Legal Description _____
Lot Block District Lot RP

Zone _____ Property Area _____ ha

Official Community Plan Designation _____

3. **Existing Use**
Describe existing use and development.
garage / parking

4. **Proposed Use**
Describe proposed use and development (attach extra pages if necessary).
carport / parking

Approximate project start date and completion schedule.
June 1/2017 - July 1/2017

5. **General Comments**
Reasons and comments in support of application.
more parking under cover and room for wheelchair ramp under cover

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.

Alan Kennedy May 10/2017
Name(s) Date
27 Fulmar
Mailing Address (incl Postal Code)
250 632 3002
Phone Email Fax
[Signature]
Authorized Signature(s)

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] May 10/2017
Signature(s) Date
250 632 3002
Phone Email Fax

FOR OFFICE USE:

Yes No
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

Department Comment Required by: _____
(Date)