



APR 18 2019



File: 7. 9-3-89
PID Nbr: _____
Roll Nbr: _____

DEVELOPMENT & DEVELOPMENT VARIANCE PERMIT APPLICATION

I/We Mike LaBossier (Name of Applicant)

of 71 Swallow Kitimat BC V8C-1K6 (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 71 Swallow St Kitimat BC, Kitimat, B.C., V8C 1K6

Legal Description 18 Lot 19 Block 6042R5C District Lot Plan 3352 RP

Zone R1-A One Family detached Property Area 6948 sq ft ha

Official Community Plan Designation _____

3. **Existing Use**

Describe existing use and development.

Back yard area, to build a new shop to replace old existing one

4. **Proposed Use**

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

Replace existing garage with shop

Approximate project start date and completion schedule.

2 months from approval

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.

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.

Name(s) _____ Date

Mailing Address (incl Postal Code) _____ Authorized Signature(s)

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.

Mike Labonnie April 15, 2019
Signature(s) Date

Phone _____ Email _____ Fax

FOR OFFICE USE:

Yes No _____ 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)