



File: 7. 9.3.79 - Sept 2019
PID Nbr: 012-010-782
Roll Nbr: _____

DEVELOPMENT & DEVELOPMENT VARIANCE PERMIT APPLICATION

I/We STEFAN MUELLER
(Name of Applicant)
of 28 FINCH ST
(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 28 FINCH ST, Kitimat, B.C., V8C 1T2
 Legal Description 20 68 6152 3495
Lot Block District Lot RP
 Zone R2A Property Area Whitesail ha
 Official Community Plan Designation _____

3. **Existing Use**

Describe existing use and development.
Residential dwelling, two storey home, detached

4. **Proposed Use**

Describe proposed use and development (attach extra pages if necessary).
Additions of 2 storey addition ON front of home

Approximate project start date and completion schedule.
JUNE 2020 - OCTOBER 2020

5. **General Comments**

Reasons and comments in support of application.
VARIANCE OF 1.2m from property setback required for addition.

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.

Stefan Mueller Name(s) Sept 6 2019 Date
28 Finch St V8C 1T2 Mailing Address (incl Postal Code) [Signature] Authorized Signature(s)

[Redacted] Phone [Redacted] Email [Redacted] 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] Signature(s) Sept 6 2019 Date

[Redacted] Phone [Redacted] Email [Redacted] 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)