	Village of Marwayne Variance Application	PO Box 113, 210 - 2nd Ave South, Marwayne, AB T0B 2X0 Phone: 780.847.3962 Email: marwayne@mcsnet.ca			
Office Use Only: Variance Permit Application No.:	Development Permit Application No.:	Variance Application Fee:			
Date of Application:	Applicant Name:	RollNumber:			
VARIANCE PERMIT CHECKLIST					
 Completed and signed variance permit application Completed development permit application (and all of its requirements), attached to this application 					
VARIANCE INFORMATION					
Proposed Variance (attach additional sheets if necessary):					
Reason for Variance (attach additional sheets if necessary):					
How have you minimized the potential impact the potential impact. The potential impact the po	he variance will have on neighbouring parc	els and the public realm (attach additional sheets			
APPLICANT'S SIGNATURE					
I have reviewed all of the information supplied to the Village of Marwayne with respect to this application for a Variance and confirm that it is true and accurate to the best of my knowledge and belief. I understand that the Development Authority will rely on this information in its					

evaluation of my application for a Variance and that any decision made by the Development Authority based on inaccurate information may be rescinded at any time.

Signature of Applicant:___

Date:

Village of Marwayne Variance Application

Office Use Only: Variance Permit Ap	Iffice Use Only: ariance Permit Application No.: De		ermit Application No.:	Variance Application Fee:
	IT FEE SCHEDULI	E *in addition to developme	ent permit fees	
Variance Perm	nit Application		<mark>\$X</mark> .	XX.XX
Total Fee Required:			\$	
FOR OFFICE USE	EONLY			
Development F	Permit Application	n Number:		
Requires Coun	cil Resolution:	Yes	No	
Decision:	APPROVED	APPROVED *with conc	litions outlined below	DENIED *for the reasons stated below
Date of Decisio	n:			
Date Applicant	Notified:			
Method of Noti	fication:			
Development A	authority Signatu	re:		Date: