



P.O. Box 6960, Wetaskiwin, AB T9A 2G5 Phone: (780) 352-3321 Fax: (780) 352-3486

Email: wpermits@county10.ca

Variance Request Application

APP	LICANT AN	ID KEG	ISTERED	OWINER IIV	ORIVIATION				
Applicant name(s):							Phone:		
Mailing address:									
Town/city: Po					Postal code:		Email:		
Is the applicant(s) also the registered landowner?				☐ Yes ☐ No	Registered name(s):	andowner			
LAN	D INFORM	ATION	- LEGAL I	OCATION (OF PROPERTY	MUST BE I	PROVIDED		
1/4	Section	n	Township	Range	W of □ 4	4 or □ 5 Merio	lian Subdivis	ion/Hamlet	
Lot	Block		Plan	I	Rural Address				
	opment Of	icer sh	all not var	y the follow	ce of the deventing: , Personal Use	·	-	this Bylaw,	however, a
	 Yard setback for a new dwelling less than 2.4 m (7.9 ft) from a property line; Cannabis related separation distances; Pipeline and waste management setbacks in the Regulation; Any provincial or federal legislated provision. 								
	IANCE INF		TION						
Varia	ance Categ				Request	Details:			
	Setback	(S							
	Site Co	verage							
	indicate details	e the Co section ate wit	ertificate C number , and sub h your va	in the mit the					
	Other								

AUTHORIZATION ACKNOWLEDGEMENT

By signing this application, I/we:

- understand that the proposed development shall not commence unless a development permit has been issued;
- understand that the application may be refused if the development does not conform to all aspects of the Land Use Bylaw;
- hereby authorize representatives of the County of Wetaskiwin No. 10 to enter the above-described lands with respect to this application only;

ALL Landowners on title must sign below.							
Name of Authorized Applicant(s)	Signature of Authorized Applicant(s)						

A Development Permit is not a Building Permit.
For Safety Codes Permits including Building, Plumbing,
Gas and Electrical Permits, please contact Superior
Safety Codes in Edmonton 780-489-4777 or Red Deer
403-358-5545.

Registered Owner Authorization Form

HORIZATION LETTER						
I/We,						
[Registered Landowner's Full Name(s)]						
as the registered owner(s) of the property locate	ed at[Legal Land Location or Blue Sign Address]					
Hereby authorize to act as my agent in submitting and managing t above.	[Applicant's Full Name] the development permit application for the property listed					
This includes, but is not limited to:						
 Preparing and submitting the required application materials, Representing me at any meetings, hearings, or discussions related to the permit application, Communicating with municipal authorities or any other parties involved in the permitting process, Signing any necessary documents related to the development permit. 						
facilitate the application process on my behalf.	t they will have the authority to take all actions necessary to					
This authorization will remain in effect for the d revoked by me in writing.	luration of the permit application process, unless explicitly					
ALL Landowners on title must sign below.						
Signature of Landowner	Date Signed					
Signature of Landowner	Date Signed					
Landowner Contact Information:	Phone:					
	Email:					
Note: A copy of the Development permit will be emailed to the Authorized Applicant and Landowner.	Mailing:					

The personal information collected through the Variance Request Application is for the sole purpose of the Development Permit Application Process. This collection is authorized by Section 4(c) of the Protection of Privacy Act (POPA). For questions about the collection of personal information, please contact the County of Wetaskiwin Privacy Officer at: email legislativeservices@county10.ca; telephone 780.352.3321; send post mail to Box 6960 Wetaskiwin AB T9A 2G5, or visit in person at 243019A Hwy 13.