

Which variance type are you applying for?  building  plumbing  gas  PSD

Property address \_\_\_\_\_ Subdivision \_\_\_\_\_

Legal description Lot \_\_\_\_\_ or Condo unit \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

(if applicable) Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Meridian 4

**Applicant name** \_\_\_\_\_ **Contact name** \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate \_\_\_\_\_

When your variance is ready do you want us to:  call for pick up  
 fax ► \_\_\_\_\_  
 mail ► \_\_\_\_\_

Building type  residential  commercial  industrial  institutional  other ► \_\_\_\_\_

**Details of variance request:** (attach additional information or supporting documentation, if applicable) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Card # \_\_\_\_\_ (If paying by Mastercard or Visa) Signature \_\_\_\_\_ Expiry date \_\_\_\_\_

**Declaration:** I hereby certify that the information provided in support of this Variance Application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature Date

**Collection and use of personal information**

This personal information is being collected in accordance with the *Municipal Government Act* and is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act* with the exception of disclosures under the *Safety Codes Act*. This information will be used to process and issue a variance. If you have any questions about the collection and use of your information, contact the Building Regulation Services Coordinator, Strathcona County at (780) 464-8264.

**For office use only**

Approved

\_\_\_\_\_  
SCO Name SCO Number Date  
Variance \_\_\_\_\_ Date received \_\_\_\_\_ Application no. \_\_\_\_\_  
SCC \_\_\_\_\_ Received by \_\_\_\_\_ Entered by \_\_\_\_\_  
Total \_\_\_\_\_ Date entered \_\_\_\_\_  
Receipt no. \_\_\_\_\_