

ATTACHMENT 3: APPELLANT'S SUBMISSION PACAKGE

Folder No.	Date (yyyy-mm-dd)
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Decision Under Appeal

Variance Decision No.			
Street No.	Street Name	Lot No.	Plan No.

Appellant Information

First Name		Last Name	
Company Name(if applicable)			Telephone No.
Street No.	Street Name	Suite/Unit No.	Mobile No.
City/Town	Province	Postal Code	Fax No.
E-mail Address [REDACTED]			

Describe the variance that was applied for:

Please provide the reasons/justifications for the appeal (attach any supporting documentation or additional pages as required).

Attachment Required

- A copy of the original decision on the variance application; and
- Copies of any supporting documents

Continue on next page

Application

Sign Variance Appeal

Appellant Information and Declaration

First Name I,		Last Name	
Company Name(if applicable)		Telephone No.	
Street No. of,	Street Name	Suite/Unit No.	Mobile No.
City/Town	Province	Postal Code	Fax No.
E-mail Address 			
do hereby declare the following: - that the statements contained in this application are true and made with full knowledge of relevant matters and of the circumstances connected with this application; - that any supporting documents submitted are prepared for the sign variance(s) appeal described above and are submitted in compliance with copyright law; and, - that the information included in this application and in the documents filed with this application is correct. Signature Print Name Date (yyyy-mm-dd)			

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