

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				

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

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				
<p>do hereby declare the following:</p> <ul style="list-style-type: none"> 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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