



Date of acquisition of subject land:
Date of construction of all signs on subject land:

Has the owner previously applied for variances of the subject land?  Yes  No  
 If yes, describe briefly:

**AUTHORIZED AGENT** (To be completed only if owner is to be represented by a second party)

I/We \_\_\_\_\_ owner(s) of the property known as \_\_\_\_\_ hereby authorize \_\_\_\_\_ to make a minor variance application on my/our behalf to the Municipality of Meaford.

\_\_\_\_\_  
 Signature of Owner Signature of Witness

**STATUTORY DECLARATION**

I, \_\_\_\_\_ of the \_\_\_\_\_ in the \_\_\_\_\_

solemnly declare that all statements contained in this application are true and I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Declared before me at the \_\_\_\_\_ in the \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Signature of Applicant or Authorized Agent Signature of Commissioner

**PLEASE RETURN THIS APPLICATION TO:**  
 MUNICIPALITY OF MEAFORD – PLANNING/BUILDING SERVICES  
 21Trowbrindge Street West Meaford, ON N4L 1A1  
 Tel: (519) 538 - 1060 Fax: (519) 538-1556

For Office Use Only		
Date received:	Received by:	
Zoning of Property:		
Building Permit required: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Comments/approval from Building Department:	<input type="checkbox"/> YES (as attached)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Comments/approval from Operations Department:	<input type="checkbox"/> YES (as attached)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Comments/approval from By-law Department:	<input type="checkbox"/> YES (as attached)	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Variance - Approval required from Council	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other notes/comments:		
Fee Paid:	Receipt No.:	Refund Request:
Application is :	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Permit No.:		

*The names of the applicant and qualifying information provided within this application form will be subject to the Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Clerk of the Municipality of Meaford*