

Board of Variance Appeal _ Application Form

OFFICE OF THE CITY CLERK

Burnaby City Hall, 4949 Canada Way, Burnaby BC, V5G 1M2, Phone: 604-294-7290 Email: clerks@burnaby.ca

Applicant			di aya malani di da kigali sa	Padda ita diga	
Name of App	olicant (Ho	YMG	Mwo)	Richan	SU (Vesignar)
Mailing Add					HAVE Bumaby.
City/Town	Bwn	naby:	p.	ostal Code	V3H 1N6
Phone Numb	er(s) (H) 1118	5=9=8	11-8 (C)	<u> </u>	76645
Email	itgoge	lato @	163: COM	1 w	eisupe a gnai
Preferred m	thad of contact:	o email	⊂ phone	□ mail	
Property					
Name of Ow		O THE	MUOI		en e
Civic Addres:	of Property	3210 B	umlak Dr		
hereby declare t	nat the informati dge, true and co cipal bylaws othe	ion submitt	ed in suppor	t of this ap further that with in this	t my plans have i
hereby declare t est of my knowle onflict with muni	nat the information and concipal bylaws other	ion submitt	ed in supports and eapplied for Applicant S	t of this ap further that with in this	t my plans have i
hereby declare test of my knowled onflict with munical Date	nat the information and concipal bylaws other	ion submitterrect in all a er than those	ed in supports and eapplied for Applicant S	t of this ap further that with in this mature	t my plans have is application.