

## **STRA Variance/Appeal Application**

Date Application	Submitted:				
☐ Variance Application \$1,400.00 (Fees are non-refundable or			☐ Appeal Application \$500.00 non-transferrable)		
	Owner In	nforma	ation		
Full Name:					
Address	Street Address		P.O Box	Apartment/Unit #	
	City		Province	Postal Code	
Home Phone	Business Phone				
Email					
Business Name (If Applicable)					
Applicant Information (if submitting on behalf of owner)					
Full Name					
Address	Street Address		P.O Box	Apartment/Unit #	
	City		Province	Postal Code	
Primary Phone	Secondary		Phone		
Email					

## **Consent of Property Owner** I/We being the registered owners(s) of the subject land, hereby authorize \_\_\_\_\_\_, acting as an Applicant to submit the enclosed Variance Application to the Clerk's Division and to provide any information or material required by the Clerk's Division relevant to the application. Dated at the Town/City of this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_. Signature of Applicant Signature of Co-Owner **Purpose of the Variance/Appeal Application** □ Require an Off-Site Host □ Licence Revoked Appeal □ Increase the Number of Permitted Renters □ Licence Suspension Appeal ☐ Licence already Issued within 100 Metres ☐ Licence Revocation Appeal ☐ General Provision (5) (c) □ Licence Denied Appeal ☐ General Provision (5) (d) Please provide a detailed explanation for the Variance/Appeal request

Declaration						
, of the Town/City of						
In the County/Region of	solemnly declare that:					
I understand and acknowledge that submission of the application under Short-term Rental Accommodation By-law Number 2019-0061 (LI-3), does not guarantee that a licence will be issued under the By-law, and that the licenses will not be issued until all requirements of the By-law are fulfilled to the satisfaction of the Licensing Coordinator.						
As of the date of this application, I have examined the contents of this application, I certify as to the correctness of the information submitted with the application insofar as I have knowledge of these facts, and I concur with the submission of this application to the Municipality.						
All of the above statements and the statements contained in all of the exhibits submitted herewith are true and I make this solemn 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 <i>Canada Evidence Act</i> .						
Declared before me at the Town of	, in the County/Region of					
This, 20	·					
Signature of Applicant	_					
Signature of Commissioner	<u> </u>					

Personal information is being collected under the authority of the *Municipal Act, 2001*, as amended, for the purposes of reviewing this application. Questions regarding the collection of personal information should be directed to the Town of Georgina, 26557 Civic Centre Rd., Keswick, Ontario, L4P 3G1, Tel: 905-476-4301 Clerk's Division