

MUNICIPALITY OF _____

APPLICATION FOR MINOR VARIANCE
COMMITTEE OF ADJUSTMENT

The Planning Act, Section 45

1.0 APPLICANT INFORMATION		
1.1 Name of Owner(s). An owner's authorization is required in Section 8, <i>if the applicant is not the owner.</i>		
Name of Owner(s)	Home Telephone No.	Business Telephone No.
Address	Postal Code	Fax No.
Email:		Cell No.
1.2 Agent/Applicant: Name of the person who is to be contacted about the application. If different than the owner. (This may be a person or firm acting on behalf of the owner. See Section 8)		
Name of Contact Person/Agent	Home Telephone No.	Business Telephone No.
Address	Postal Code	Fax No.
Email:		Cell No.
1.3 Indicate to whom correspondence is to be sent (check one please) Owner <input type="checkbox"/> Authorized Agent <input type="checkbox"/>		

2.0 LOCATION OF THE SUBJECT LAND (COMPLETE APPLICABLE BOXES IN 2.1)			
2.1 Municipal Address (<i>mailing address</i>)			Postal Code
Concession Number(s)	Lot Number(s)	Registered Plan No.	Lot(s)/Block(s)
Reference Plan No.	Part Number(s)	Parcel Number(s)	Former Township
Assessment Roll No.			

3.0 PURPOSE OF APPLICATION

3.1 From which section(s) of the By-law is this application seeking relief? _____

3.2 For what reason(s) are you seeking relief?

It is not possible to comply with the provisions of the by-law because _____

OR

It is preferable not to comply with the provisions of the by-law because _____

4.0 DESCRIPTION OF SUBJECT LAND

4.1 Description of land seeking relief:

Frontage (m) _____ Area (ha/m²) _____
Depth (m) _____ Interior Side Yard _____
Exterior Side Yard _____ Front Yard _____ Rear Yard _____
Other (specify) _____ Proposed Buildings/Structures _____

4.2 Minimum By-law Requirements:

Frontage (m) _____ Area (ha/m²) _____
Depth (m) _____ Interior Side Yard _____
Exterior Side Yard _____ Front Yard _____ Rear Yard _____
Other (specify) _____

4.4 Type of access (Check appropriate box and state road name):

Provincial Highway (#) _____
Municipal road, maintained year round _____
Municipal road, seasonally maintained _____
County Road (#) _____
Private Road _____
Right of way _____
Water Access _____

4.7 Type of water supply existing or proposed (check appropriate box)

- Publicly owned and operated piped water system
- Privately owned and operated piped water system (communal)
- Drilled well
- Lake or other water body
- Other means (please state) _____
- Water service not proposed

4.8 Sewage Disposal (Check appropriate box for type of service proposed):

- Publicly owned and operated sanitary sewage system
- Privately owned and operated individual septic system*
- Privately owned and operated communal septic system*
- Privy
- Holding tank
- Other (please state) _____
- Sewage disposal service not proposed

4.9 Proposed Services

Please provide information about any proposed upgrading in services that you intend to install in relation to the subject application _____

5.0 LAND USE AND HISTORY OF THE SUBJECT LAND

5.1 Has the subject land ever been the subject of an application for approval of a plan of subdivision or a consent under the Planning Act? Yes No Unknown

If Yes and if known, provide below, the application file number and the decision made on the application. _____

5.2 Current Zoning _____ Main Use _____

Main Use of abutting properties: East _____ West _____

North _____ South _____

5.3 Current Official Plan Land Use Designation _____

5.4 Is the subject land the subject of any other application under the Act such as a Zoning By-law Amendment; a Minister's Zoning Order Amendment; a Minor Variance; another Consent; or an approval of a Plan of Subdivision?

Yes No If yes, specify the following: Type of Application: _____

File Number _____

Status of Application _____

5.5 Land Acquisition and Structures

- i. Date subject property was acquired _____
- ii. Date of Construction of all Buildings _____

Main Building _____ Additions (if applicable) _____

Accessory Buildings:

Type of Accessory Building
(e.g. garage, storage building, etc.)

Year of Construction

_____	_____
_____	_____
_____	_____

6.0 Development

a. Existing (if more than four buildings, use separate sheet of paper)

1. Type of Building:

Length/Width/Height:

_____ / _____ / _____ (m)

Floor Area: _____ (m²) # of Storeys: ____

Setbacks from Lot Lines

Front: _____ (m) Rear: _____ (m)

Side: _____ (m) Side: _____ (m)

2. Type of Building:

Length/Width/Height:

_____ / _____ / _____ (m)

Floor Area: _____ (m²) # of Storeys: ____

Setbacks from Lot Lines

Front: _____ (m) Rear: _____ (m)

Side: _____ (m) Side: _____ (m)

3. Type of Building:

Length/Width/Height:

_____ / _____ / _____ (m)

Floor Area: _____ (m²) # of Storeys: ____

Setbacks from Lot Lines

Front: _____ (m) Rear: _____ (m)

Side: _____ (m) Side: _____ (m)

4. Type of Building:

Length/Width/Height:

_____ / _____ / _____ (m)

Floor Area: _____ (m²) # of Storeys: ____

Setbacks from Lot Lines

Front: _____ (m) Rear: _____ (m)

Side: _____ (m) Side: _____ (m)

b. Proposed

[New] [Addition to] _____
(circle one) Specify to which building
described above the addition
is being added to.

Main Use of Proposed Construction: _____

Type of Building: _____
Length/Width/Height: _____ / _____ / _____ (m)

Floor Area: _____ (m²) # of Storeys: _____

Setbacks from Lot Lines
Front: _____ Rear: _____
Side: _____ Side: _____

Other: If the application for the Minor Variance is not to construct a building, please provide a description of the proposal for which you are seeking a minor variance. Include all dimensions and any other information pertinent to this application. _____

6.0 OTHER INFORMATION

6.1 Is there any other information that you think may be useful to the Committee of Adjustment or other agencies in reviewing this application? If so, explain below or attach a separate sheet if necessary.

7.0 AFFIDAVIT OR SWORN DECLARATION

Declaration for the prescribed information: I _____ of the _____ of _____ in the _____ of _____ make oath and say (or solemnly declare) that the information contained in this application is true and that the information contained in the documents that accompany this application is true.

Sworn (or Declared) before me at the _____ of _____ in the _____ of _____, this _____ day of _____, 20 ____

Commissioner of Oaths (include stamp below) Signature of Applicant/Solicitor or Authorized Agent

8.0 AUTHORIZATION (if applicable)

If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the applicant is authorized to make the application must be included with this form or the authorization set out below must be completed. I _____, am the owner of the land that is the subject of this application for consent and I authorize _____ to make this application on my behalf.

Signature of Owner _____ Date _____

9.0 IMPORTANT – PLEASE READ NOTICE OF COLLECTION MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information collected on this form is collected under the authority of the *Planning Act*, R.S.O. 1990, as amended and will be used to assist in making a decision on this matter. All names, Addresses, opinions and comments will be made available for public disclosure. Questions Regarding this collection should be forwarded to: The Clerk, Municipality of _____, 123 Main Street North, _____, Ontario XXX-XXX, Phone: 555-555-5555.

- 9.1 Please indicate on the enclosed key map, the location of the subject property.
- 9.2 In order to enable the required personnel to inspect the property, please provide on Page 8, clear & concise directions to the subject land. If property is not located on a highway or municipal road, please provide a sketch below or on the reverse. Please note it is very important that the directions are adequate. If the inspectors are unable to locate the subject lands because of poor directions, your application may be delayed.
- 9.3 It is required that two (2) copies of the application along with the prescribed fee be filed with the Secretary Treasurer of the Municipality of _____ Committee of Adjustment accompanied by the prescribed fee in cash or by cheque payable to the Municipality of _____.

10.0 REQUIRED SKETCH

Owner: _____
Geographic Township of _____ Lot _____
Conc. _____
Plan _____ Part _____

NOTE: To ensure that this application proceeds without any unnecessary delays, please be sure to complete a reasonably accurate sketch illustrating all the required information as outlined below:

- The boundaries and dimensions of the subject land (i.e. both the part that is to be severed and the part that is to be retained)
- The boundaries and dimensions of any land abutting the subject land that is owned by the owner of the subject land
- The distance between the subject land and the nearest municipal lot line or landmark, such as municipal road, bridge, etc.
- The location of all previously severed from the parcel originally acquired by the current owner of the subject land
- The approximate location of all natural and artificial features on the subject land and on the land that is adjacent to the subject land that, in the opinion of the applicant, may affect the application, such as buildings, roads, watercourses, wetlands, wooded areas, wells and septic tanks
- The existing use(s) on adjacent lands such as but not limited to residential, agricultural and commercial uses
- The location, width and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, A public traveled road, a private road or a right-of-way
- If access to the subject land is by water only, the location of the parking and boat docking facilities to be used
- The location and nature of any easement affecting the subject land
- If a lot addition, clearly identify the lands to which the subject parcel will be added

KEY MAP

Below is a key map of the geographic Township of _____. Please indicate on this map, where the subject land is located.

Directions to the Site

In order to assess your application, the site must be inspected by the Secretary Treasurer, Building Inspector, and the Public Works Manager; and a representative of the Conservation Authority. Please provide clear, concise directions below. If the subject property is not located on a highway or a main municipal road, please include a simple sketch below to assist the inspector(s) in addition to the Key Map below.