



# Minor Variance Application Committee of Adjustment

Section 45 of the *Planning Act*

## Notice of public record

Information and material required in support of your application shall be made available to the public pursuant to the *Planning Act*. Also, pursuant to the *Municipal Freedom of Information and Protection Act*, personal information on this form is collected under the authority of the *Planning Act* and will be used to process this application.

**Applications will be placed on hold if required information is not provided.**

## SECTION 1: PRE-APPLICATION CONSULTATION CHECKLIST

Has a pre-consultation been completed?

## SECTION 2: SUBMISSION REQUIREMENTS

1. A completed **Application Form**
2. If studies are required, all studies must be Accessibility for Ontarians with Disabilities Act (AODA) compliant
3. A detailed sketch in accordance with Section 9 of this application that is in metric, with a scale bar showing all existing structures and all proposed construction
4. The **application fee**

### FOR OFFICE USE ONLY

Pre-con:  Yes  No Roll #: 3110 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fee Paid:  Yes  No Payment Date: \_\_\_\_\_ Receipt: \_\_\_\_\_

**SECTION 3: APPLICANT INFORMATION**

**Owner Information:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Agent Information:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**SECTION 4: SUBJECT PROPERTY**

**1. Location**

Municipality: \_\_\_\_\_ Ward: \_\_\_\_\_

Concession: \_\_\_\_\_ Lot: \_\_\_\_\_ Reg. Plan: \_\_\_\_\_

Lot/Block: \_\_\_\_\_ Ref. Plan: \_\_\_\_\_ Part: \_\_\_\_\_

Street Address: \_\_\_\_\_

**2. Mortgages or Charges: (if applicable)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**3. Description of any easements or covenants and their effects: (if applicable)**

**SECTION 5: STATUS**

Official Plan Designation: \_\_\_\_\_

Current Zones: \_\_\_\_\_

**SECTION 6: SITE INFORMATION \* A sketch must be attached and include all measurements**

**Lot Dimensions:**

Frontage (m)	
Depth (m)	
Area (m <sup>2</sup> / ha)	

**Use of property:**

Existing	
Proposed	

**Services:**

Length of time existing uses of the subject property have continued	Years
Water supply (municipal water, private well or waterbody)	
Sewage disposal (municipal sanitary sewer, private septic or privy)	
Stormwater drainage (municipal storm sewer, roadside ditch or swale)	

**SECTION 7: APPLICATION DETAILS**

Type and purpose of application:  Variance(s) to Zoning By-law  Permission (non-confirming use)

Relief required (To be completed by the applicant. Please discuss with Building /or Planning Staff):

a. Requested variance: \_\_\_\_\_

By-law section: \_\_\_\_\_

Why is it not possible to comply with the provision of this by-law?

b. Requested variance: \_\_\_\_\_

By-law section: \_\_\_\_\_

Why is it not possible to comply with the provision of this by-law?

c. Requested variance: \_\_\_\_\_

By-law section: \_\_\_\_\_

Why is it not possible to comply with the provision of this by-law?

**SECTION 8: STATUS OF OTHER APPLICATIONS UNDER THE *PLANNING ACT***

<b>If the subject land is the subject of another application (current), please list it below:</b>		
Consent	Yes <input type="checkbox"/> - File #:	No <input type="checkbox"/>
Plan of Subdivision/Condominium	Yes <input type="checkbox"/> - File #:	No <input type="checkbox"/>
Zoning By-law Amendment	Yes <input type="checkbox"/> - File #:	No <input type="checkbox"/>
Site Plan	Yes <input type="checkbox"/> - File #:	No <input type="checkbox"/>

Has the owner previously applied for relief in respect of the subject property?  Yes  No  
If yes, describe the relief:

**SECTION 9: APPLICATION DRAWING & CHECKLIST**

This application must be accompanied by a metric plan and any other supporting information that is identified in the checklist below. Please refer to the attached sample sketch:

- Boundaries, dimensions and lot area of the subject lands.
- Location, size, height and type of all existing and proposed buildings and structures on the subject lands, showing all setback distances (e.g., dwelling, garage, shed, decks, porches, patios, etc.). For decks, balconies and patios, please include height from grade.
- Location of wells and septic systems.
- The location and name of any road within or abutting the subject land.





**OWNER/APPLICANT AFFIDAVIT OR SWORN DECLARATION**

I/We, \_\_\_\_\_ in the County/Region of \_\_\_\_\_  
\_\_\_\_\_ make oath and say (or solemnly declare) that the information contained in the  
documents that accompany this application is true. Sworn (or declared) before me \_\_\_\_\_  
\_\_\_\_\_ in the County/Region of \_\_\_\_\_ this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Commissioner of Oaths

\_\_\_\_\_  
Owner / Applicant

\_\_\_\_\_  
Owner / Applicant