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^2/ 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*

If the subject land is the subject of another application (current), please list it below:		
Consent	Yes ☐ - File #:	No ☐
Plan of Subdivision/Condominium	Yes ☐ - File #:	No ☐
Zoning By-law Amendment	Yes ☐ - File #:	No ☐
Site Plan	Yes ☐ - File #:	No ☐

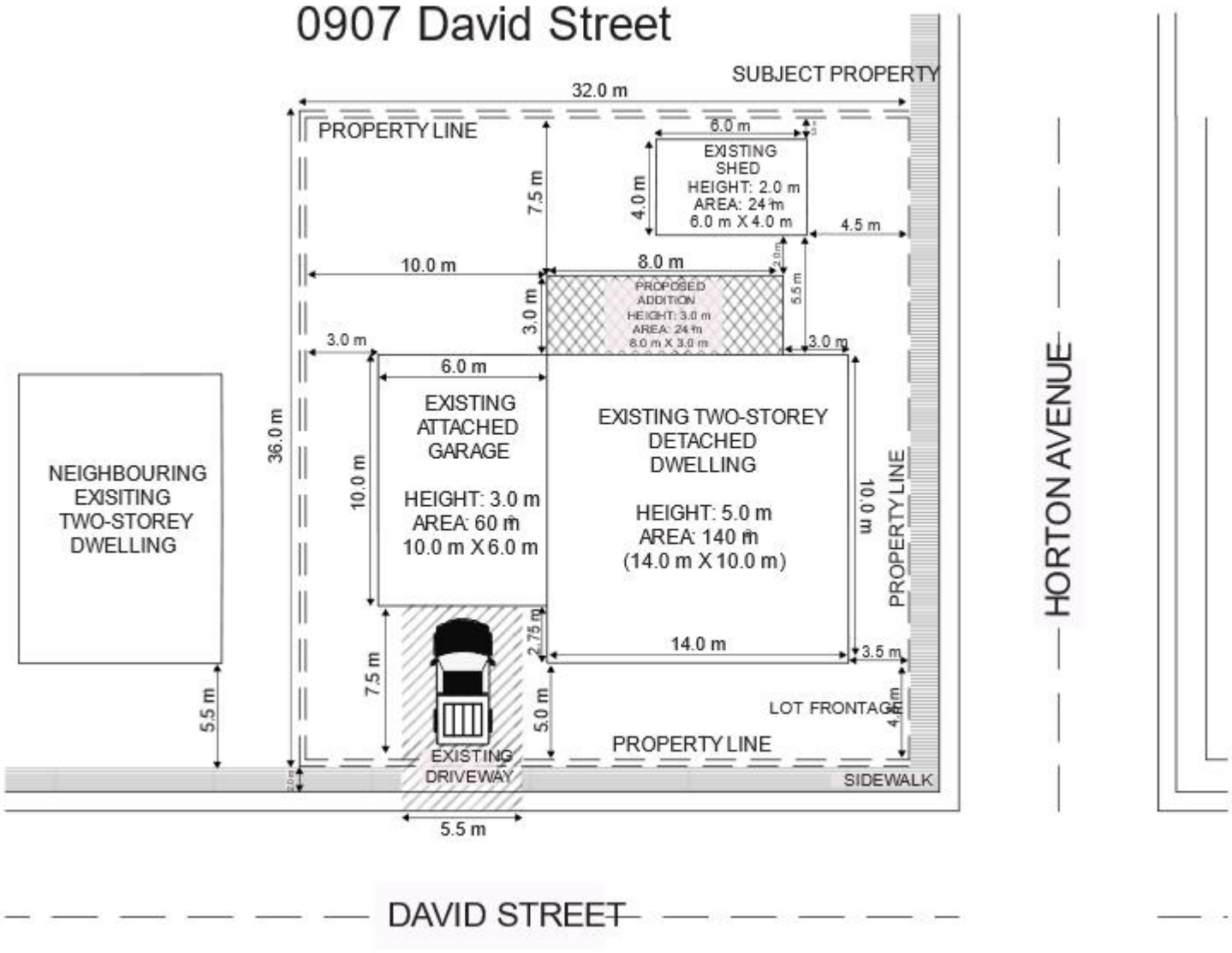
Has the owner previously applied for relief in respect of the subject property? ☐ Yes ☐ No
If yes, describe the relief:

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.

Show the dimensions of all existing and proposed parking areas (e.g., driveways, drive aisles, garages).



SECTION 10: AUTHORIZATION OF OWNER FOR AGENT TO MAKE APPLICATION

I/We, _____ of the _____in the County/Region of _____ am/are the owner(s) of the land that is subject of this application and I/we hereby authorize _____ to act as my/our agent in this application.

_____	_____	_____
Name of Owner	Signature	Date
_____	_____	_____
Name of Owner	Signature	Date
_____	_____	_____
Name of Owner	Signature	Date

SECTION 11: CONSENT TO USE & DISCLOSE PERSONAL INFORMATION

I/We acknowledge that all information provided on this form (name, address, phone number, e-mail address, etc.), including supporting documentation, is collected under the authority of the *Planning Act*, and will be accessible to the public and governmental and technical agencies for review. The owner(s)/applicant(s)/authorized agent authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the *Planning Act* for the purposes of processing this application.

Furthermore, I/We hereby authorize Council members and members of the staff of the Corporation of the Municipality of North Perth and/or technical review agencies to enter upon the subject lands for the purpose of evaluating the merits of the subject application and conduct any inspections on the subject land that may be required to perform this duty.

_____	_____	_____
Signature	Signature	Signature

SECTION 12: ACKNOWLEDGEMENT

By filing this application, the Applicant is aware of and agrees that they will be solely responsible for and pay for any third-party expenses incurred by the Township associated with the application including but not limited to third-party professional services or any legal costs related to an appeal.

Dated at the _____ in the County/Region of _____ this _____ day of _____, 20_____.

_____	_____
Applicant	Signature

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