

File
No.

Minor Variance	2012 Fee <i>Effective Mar 1/12</i>	2013 Fee <i>Effective Jan 1/13</i>	2014 Fee <i>Effective Jan 1/14</i>	2015 Fee <i>Effective Jan 1/15</i>	2016 Fee <i>Effective Jan 1/16</i>
- 1 or 2 variances	\$1,080	\$1,160	\$1,240	\$1,320	\$1,400
- 3 or more variances	\$1,320	\$1,440	\$1,560	\$1,680	\$1,800

## APPLICATION FOR MINOR VARIANCE OR FOR PERMISSION

*Planning Act, RSO 1990, O. Reg. 200/96, Amended by O.Reg. 432/96 & 508/98*

The undersigned hereby applies to the Committee of Adjustment for the .....  
 ..... (name of municipality) under section 45 of the  
**Planning Act 1990** for relief, as described in this application, from By-law No. .... (as amended).

1. Name of Owner .....
- Telephone Number .....
- Address .....
2. Name of Agent (if any) .....
- Telephone Number .....
- Address .....

*Note: Unless otherwise requested, all communications will be sent to the agent, if any.*

3. Names and addresses of any mortgages, holders of charges or other encumbrances:  
 .....  
 .....  
 .....

4. Nature and extent of relief applied for:  
 .....  
 .....  
 .....

5. Why is it not possible to comply with the provisions of the by-law?  
.....  
.....  
.....

6. Legal description of subject land (registered plan number and lot number or other legal description and, where applicable, street and street number):  
.....  
.....  
.....

7. Roll Number .....

8. 911 Number .....

9. Indicate if access to the property is by Provincial Highway, municipal road maintained all year or seasonally, another public road or right of way: .....

10. Will this proposal result in adding or changing the location of any driveways/accesses/entrances?

Yes  No

11. Dimensions of land affected:

Frontage .....  
Depth .....  
Area .....  
Width of street .....

12. Particulars of all buildings and structures on or proposed for the subject land (Specify ground floor area, number of storeys, width, length, height, etc.):

Existing:  
.....  
.....  
.....

Proposed:

.....  
.....  
.....

13. Location of all buildings and structures on or proposed for the subject land (Specify distance from side, rear and front lot lines):

Existing:

.....  
.....  
.....

Proposed:

.....  
.....  
.....

14. Date of acquisition of subject land:

.....

15. Date of construction of all buildings and structures on subject land:

.....

16. Existing uses of the subject property:

.....  
.....  
.....

17. Existing uses of abutting properties:

.....  
.....  
.....

18. Length of time the existing uses of the subject property have continued:

.....  
.....  
.....

19. Municipal services available (check appropriate space or spaces):

<u>Water</u> .....	Connected .....
Publicly Owned .....	Privately Owned .....
Communal Well .....	Lake .....
<u>Sewage Disposal</u> .....	Connected .....
Sanitary Sewers .....	Connected .....
Septic System .....	Privy .....
<u>Storm Drainage</u> .....	Connected .....
Storm Sewers .....	Ditches..... Swales.....
Other.....	

20. Is this property assessed to a Municipal Drain?

Yes  No

If yes, what is the name of the drain? .....

21. Is there a tile drain loan for this property or has an application for a tile drain loan been submitted to the Municipality within the last 90 days?

Yes  No

22. Present Official Plan provisions applying to the land:

.....  
.....  
.....

23. Present Zoning By-law provisions applying to the land:

.....  
.....  
.....

24. Has the owner previously applied for relief in respect of the subject property?

Yes  No

If the answer is yes, describe briefly:

.....  
.....  
.....

25. Is the subject property the subject of a current application for consent or plan of subdivision under the **Planning Act**? If yes, please indicate file number: .....

Yes

No

.....  
(signature of applicant or authorized agent)

Dated at the ..... of ..... this .....  
day of ....., 20 .....

*Notes:*

1. *It is required that ..... copies of this application be filed with the secretary-treasurer of the Committee of Adjustment, together with the plan referred to in Note 2, accommodated by a*

*fee of \$..... in cash or by cheque made payable to the Treasurer of the*

.....  
*(name of municipality)*

2. Each copy of this application must be accompanied by a plan showing the dimensions of the subject land and all abutting land; the location, size and type of all existing and proposed buildings and structures on the subject land indicating the distance of the buildings from the lot lines; approximate location of all natural and artificial features on the subject and adjacent lands; location, width and name of roads; location of easements; and use of adjacent lands. The Committee of Adjustment may require that the plan be signed by an Ontario Land Surveyor.

**APPLICANT’S DECLARATION**

(This must be completed by the **Person Filing the Application** for the proposed development site.)

I, \_\_\_\_\_ of the \_\_\_\_\_  
(Name of Applicant) (Name of Town, Township, etc.)

In the Region/County/District \_\_\_\_\_ solemnly declares that all of the statements contained in this application and supporting documentation are true and complete, 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 “Canada Evidence Act.”

**NOTE:**

**Please be advised the responsibility for filing a complete application rests solely with the owner/applicant. Anything not requested or applied for in this application and subsequently found to be necessary (which may require another application(s) and fee(s)) are the sole responsibility of the owner/applicant. The County/Municipality will address only the application as applied for, and any items that are not included in the application are not the responsibility of the County/Municipality.**

**All studies required to support this application shall be at the expense of the applicant and included at the time of submission as a complete application. Where the County/Municipality incurs costs for the peer review of any consultants’ reports or fees for legal opinions, the County/Municipality will be reimbursed such costs by the applicant.**

**In the event of third-party appeals to applications approved by the County/Municipality, the applicant may be responsible for some or all of the legal and other costs incurred by the County/Municipality, at the discretion of the County/Municipality.**

DECLARED before me at:  
Region/County/District \_\_\_\_\_

In the Municipality of \_\_\_\_\_

\_\_\_\_\_  
Signature

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (Year)

\_\_\_\_\_  
Please **Print** name of Applicant

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

**OWNER/APPLICANT'S CONSENT DECLARATION**

In accordance with the provisions of the Planning Act, it is the policy of the County Planning Department to provide the public access to all development applications and supporting documentation.

In submitting this development application and supporting documentation, I, \_\_\_\_\_, the owner/the authorized applicant, hereby acknowledge the above-noted policy and provide my consent, in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, that the information on this application and any supporting documentation provided by myself, my agents, consultants and solicitors, will be part of the public record and will also be available to the general public.

I hereby authorize the County of Huron staff, Municipal staff and council members of the decision making authority to access to the subject site for purposes of evaluation of the subject application.

\_\_\_\_\_  
*Signature* *Date*

**FOR OFFICE USE ONLY**

**CERTIFICATION**

I, \_\_\_\_\_

For the \_\_\_\_\_

Of \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_

Certify that the above application is a true copy.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature \_\_\_\_\_

**COMPLETE THIS FORM TO BE DETERMINED IF  
HEALTH UNIT COMMENTS ARE REQUIRED  
ON YOU PLANNING APPLICATION**

For certain planning applications, comments are required from the Huron County Health Unit to assist the municipality in its decision on you application. This sheet will determine if comments are required from the Health Unit, and if some, the appropriate fee\* must be submitted with you application and paid to the municipality (\*based on the Health Unit's User Fee Schedule).

Name of Applicant: \_\_\_\_\_

Name of Owner (if different from the applicant): \_\_\_\_\_

Location of Property (Lot, Concession or Registered Plan, and Municipality):  
\_\_\_\_\_

Type of Planning Application(s) submitted with this form:

- |  |  |
|--|--|
| <input type="checkbox"/> Consent (severance)     | <input type="checkbox"/> Minor Variance                  |
| <input type="checkbox"/> Zoning By-Law Amendment | <input type="checkbox"/> Plan of Subdivision/Condominium |
| <input type="checkbox"/> Official Plan Amendment |  |

Please answer Section A **OR** Section B, depending on the type of servicing available. In the following question, "property" means the subject property or, in the case of a severance, each of the resulting lots.

Section A - Where **SANATARY SEWERS** are available.

Is the property within 183 metres (600 feet) of an abattoir (slaughter house)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section B - Where **SEPTIC SYSTEMS** are required.

The application is for the creation of a new lot for which the primary use will be a new dwelling (other than a new dwelling on a farm).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property less than .4 hectares (1 acre) in area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the property have less than .2 hectares (1/2 acre) of "useable land" for a septic tank and tile bed? See definition of "useable land" below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am uncertain of the location of the existing septic tank and tile bed on the property.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There will be more than one dwelling unit on each lot.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An industrial or commercial use is proposed which will require a septic system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property with 183 metres (600 feet) of an abattoir (slaughter house)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The application is for a new Plan of Subdivision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proceed to <b>Section C</b> .		

"Useable Land" means an area of land with suitable original soil for the installation of a Class 4 subsurface sewage disposal system, free of any buildings, structures swimming pools, etc. and such land is or will be used solely for a septic tank and tie bed and any future replacement of the tile bed, and which area is at least 3 metres (10 feet from any property line, at least 15 metres (15 feet) from a top-of-bank of a watercourse or lake, not located in a flood plain, not located in an environmentally sensitive area, and does not contain field tile or other artificial drainage. (other restrictions may apply according to legislation.)



**Section C - HEALTH UNIT FEES**

If the answer to any question in Section A or B is “Yes”, then Health Unit comments will be required and the appropriate fee must be submitted with your application, as follows:

<b>Type of Application</b>	<b>Health Unit Fee</b> (To be added to the application fee)	Any required Health Unit fee should be added to the application fee and submitted in one payment to the municipality. Where two applications are being processed together (such as a severance and a rezoning) only one fee will apply, being the higher of the two fees.
Official Plan Amendment	\$155.25	
Rezoning	\$109.25	
Minor Variance	\$109.25	
Severance resulting in 2 lots or fewer	\$230.00	
Severance resulting in 3 lots or more	\$437.00	
Plan of Subdivision	\$908.50	

Note: Regardless of the results from Section A or B, some applications may require comments from the Health Unit as identified through the planning process. In these cases, the relevant fee shall apply.

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*Name of Owner or Designated Agent*

*Signature and Date*

*To be completed by Municipal Clerk: Has the Health Unit Fee been collected from the applicant?*

Yes

No

Amount: \_\_\_\_\_

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*Name of Clerk-Treasurer*

*Signature and Date*