

For office use only

File # \_\_\_\_\_

Received \_\_\_\_\_, 20 \_\_\_\_

Considered Complete \_\_\_\_\_, 20 \_\_\_\_

# APPLICATION FOR MINOR VARIANCE OR FOR PERMISSION

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

Minor Variance	2018 Fee <i>Effective Jan 1/18</i>	2019 Fee <i>Effective Jan 1/19</i>	2020 Fee <i>Effective Jan 1/20</i>	2021 Fee <i>Effective Jan 1/21</i>
- 1 or 2 variances	\$1,456	\$1,484	\$1,514	\$1,544
- 3 or more variances	\$1,872	\$1,909	\$1,947	\$1,986

**Each application must be accompanied by the application fee in the form of a cheque payable to the local municipality.**

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

Address \_\_\_\_\_

2. Name of Agent (if applicable) \_\_\_\_\_

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

Address \_\_\_\_\_

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

3. Provide legal description and address of property.

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

Concession: \_\_\_\_\_ Lot: \_\_\_\_\_ Registered Plan #: \_\_\_\_\_

911 Address and Road Name: \_\_\_\_\_

**NOTE: If property legal description and address approved, all numbers following will need to be changed.**

4. Names and addresses of any mortgages, holders of charges or other encumbrances:
5. Nature and extent of relief applied for:
6. Why is it not possible to comply with the provisions of the by-law?
7. Legal description of subject land (registered plan number and lot number or other legal description and, where applicable, street and street number):

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

Lot(s): \_\_\_\_\_

Concession: \_\_\_\_\_

Roll Number: \_\_\_\_\_

Registered Plan No.: \_\_\_\_\_

911 Number & Road Name: \_\_\_\_\_

8. Is any of the subject land in Wellhead Protection Area C?    Yes      No      Unknown  
If **Yes**, please obtain a Restricted Land Use Permit from the Risk Management Official. If **Unknown**, please consult with your Municipal Planner and obtain a Restricted Land Use Permit if necessary.

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: \_\_\_\_\_

Area: \_\_\_\_\_

Depth: \_\_\_\_\_

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):

Water – Connected

Publicly Owned

Privately Owned

Communal Well

Lake

Sewage Disposal – Connected

Sanitary Sewers

Septic System

Privy

Storm Drainage – 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. Applicants are strongly encouraged to contact the County and speak/meet with the Planner to the Municipality before submitting an application for information.

Date of Applicant's consultation meeting with County Planner: \_\_\_\_\_

Has the Planner advised the Applicant that this application needs to be reviewed by the Huron County Stewardship Coordinator for comments on Natural Heritage matters.

Yes    (submit a fee of \$212.00 made payable to the Treasurer, County of Huron)                      No

26. 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

**Notes:**

a) *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)*

- b) *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.*
- c) *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.*

**OWNER'S AUTHORIZATION**

*(This must be completed by the OWNER if the **owner is not filing the application.**)*

I/We \_\_\_\_\_, being the registered owner(s) of the subject lands,  
hereby

authorize \_\_\_\_\_ to prepare and submit an application of Minor  
Variance.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**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."

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

**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 DETERMINE IF  
SEPTIC COMMENTS ARE REQUIRED  
ON YOUR PLANNING APPLICATION**

For certain planning applications, comments are required from local municipal staff to assist the municipality in its decision on your application. This sheet will determine if comments are required from local staff, and if so, the appropriate fee\* must be submitted with your application and paid to the local municipality (\*based on the local municipality's Fee Schedule – consult with your Planner to determine).

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:

- |                         |                                 |
|-------------------------|---------------------------------|
| Consent (severance)     | Minor Variance                  |
| Zoning By-Law Amendment | Plan of Subdivision/Condominium |
| 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 **SANITARY SEWERS** are available.

Is the property within 183 metres (600 feet) of an abattoir (slaughter house)?	Yes	No
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Section B – Where **SEPTIC SYSTEMS** are required.

- |  |     |    |
|--|-----|----|
| 1. 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).          | Yes | No |
| 2. Is the property less than .4 hectares (1 acre) in area?   | Yes | No |
| 3. 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. | Yes | No |
| 4. I am uncertain of the location of the existing septic tank and tile bed on the property.  | Yes | No |
| 5. There will be more than one dwelling unit on each lot.  | Yes | No |
| 6. An industrial or commercial use is proposed which will require a septic system.   | Yes | No |
| 7. Is the property with 183 metres (600 feet) of an abattoir (slaughter house)?  | Yes | No |
| 8. The application is for a new Plan of Subdivision/Condominium  | Yes | No |

Proceed to **Section C**

“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.)

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*Name of Owner or Designated Agent*

*Signature and Date*

*To be completed by Municipal Clerk: Has the Septic Review Fee, made payable to the local municipality, been collected from the applicant?*

*\*Please note type of application and file # on the cheque.*

Yes          No                      Amount: \_\_\_\_\_

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*Name of Clerk-Treasurer*

*Signature and Date*