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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	2024 Fee effective January 1, 2024
Minor Variance (1 or 2)	\$1,639
Minor Variance (3 or more)	\$2,100

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 the 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:

Phone Number: _____ Email: _____

Address: _____

2. Name of Agent (if applicable):

Phone Number: _____ Email: _____

Address: _____

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

3. Legal Description and address of property:

Ward: _____ Concession: _____

Lot: _____ Registered Plan: _____

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

4. Names and addresses of any mortgages, holders or 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: Concession:

Lot: Registered Plan:

Roll Number:

911 Address and 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. Please 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 all that apply)

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

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

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

Yes No

No

Revised December 28, 2023
T:\A\51\PD\Planners\Planning Application Documents

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."

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.

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

In addition to the application fee, where the County/Municipality requires assistance from its solicitors or other technical or professional consultants in the processing of this application, the applicant shall be responsible for reimbursing all legal and consulting fees incurred by the County/Municipality, at the County/Municipality's actual cost. Depending on the amount of such fees, which the County/Municipality expects to incur on any given application, the County/Municipality may also require the applicant to enter into an agreement with respect to the payment of such fees and may, where appropriate, require security to be posted.

I/We _____ hereby agree to pay all fees incurred by the
County/Municipality related to the review of this application.

Declared before me at:

Region/County/District:

In the Municipality of:

Signature: _____

This _____ day of _____, _____

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 Owner:

Name of Applicant:

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

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

Consent (Severance)

Zoning By-law Amendment

Official Plan Amendment

Minor Variance

Plan of Subdivision/Condominium

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

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 within 183 metres (600 feet) of an abattoir (slaughter house)?

Yes No

8. The application is for a new Plan of Subdivision/Condominium

Yes No

“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.)

Name of Owner or Designated Agent:

Signature: _____

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: \$ _____

Name of Clerk-Treasurer: _____

Signature: _____

Date: _____