



CITY OF OWEN SOUND COMMITTEE OF ADJUSTMENT

PLANNING ACT 1990, SECTION 45

APPLICATION FOR MINOR VARIANCE

OFFICE USE ONLY File No. A ____ / ____ Roll No.: ____ Date Application Received: ____ Date Application Deemed Complete: ____

The undersigned hereby applies to the Committee of Adjustment for the City of Owen Sound under Section 45 of the Planning Act, 1990, for relief, as described in this application, from By-law No. 2010-078, as amended. Prior to completing this application form, please consult with Planning Division staff and refer to the Committee of Adjustment Application Guide.

A. APPLICANT INFORMATION

1. Registered Owner(s): Mailing Address: City: Province: Postal Code: Primary Phone No.: Fax No.: Alternate Phone No.: Email Address:

2. Authorized Agent or Solicitor (check one, if any): Name: Mailing Address: City: Province: Postal Code: Primary Phone No.: Fax No.: Alternate Phone No.: Email Address:

Please specify to whom all communication should be sent:

- Owner Agent Solicitor

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

B. LOCATION OF SUBJECT LAND

3. a) Legal Description: b) Municipal Address: Street Number Street Name

C. INFORMATION ABOUT SUBJECT LAND

4. Current Official Plan designation applying to the subject land: 5. Current Zoning applying to the subject land:

6. Dimensions of the subject land (in **metric** units):

| | | | |
|-----------|--|------------------|--|
| Frontage: | | Area: | |
| Depth: | | Width of Street: | |

7. Are there any easements or restrictive covenants affecting the subject lands?

Yes No

If yes, please describe the easement or covenant, and its effect:

8. Existing access to the subject land:

- | | |
|---|--|
| <input type="checkbox"/> Provincial Highway | <input type="checkbox"/> Regional Road |
| <input type="checkbox"/> Municipal Road maintained all year | <input type="checkbox"/> Other Public Road |
| <input type="checkbox"/> Municipal Road maintained seasonally | <input type="checkbox"/> Right-of-Way |
| <input type="checkbox"/> Water Access | <input type="checkbox"/> Private Road |

Name of Road/Street: _____

9. Existing use of the subject land: _____

10. Are there any existing buildings or structures on the subject land? Yes No

If yes, list the particulars of all buildings and structures existing on the subject land (in **metric** units). ***This information must also be indicated on the required sketch.***

| | | | | |
|-----------------------------|--|--|--|--|
| Type of Building/Structure | | | | |
| Side Yard Setbacks | | | | |
| Front Yard Setback | | | | |
| Rear Yard Setback | | | | |
| Ground Floor Area | | | | |
| Gross Floor Area | | | | |
| Number of Storeys | | | | |
| Width | | | | |
| Length | | | | |
| Height | | | | |
| <i>Date of Construction</i> | | | | |

11. Proposed use of the subject land: _____

12. Are there any proposed buildings or structures on the subject land? Yes No

If yes, list the particulars of all buildings and structures proposed on the subject land (in **metric** units). ***This information must also be indicated on the required sketch.***

| | | | | |
|----------------------------|--|--|--|--|
| Type of Building/Structure | | | | |
| Side Yard Setbacks | | | | |
| Front Yard Setback | | | | |
| Rear Yard Setback | | | | |
| Ground Floor Area | | | | |
| Gross Floor Area | | | | |
| Number of Storeys | | | | |
| Width | | | | |
| Length | | | | |
| Height | | | | |

13. Date of acquisition of subject lands: _____

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

15. Servicing:

Water Supply (Check appropriate box)

- Publicly owned and operated piped water system
- Privately owned and operated individual or communal well
- Lake or other water body
- Other means (specify: _____)

Sewage Disposal (Check appropriate box)

- Publicly owned and operated sanitary sewage system
- Septic system (private or communal)
- Other means (specify: _____)

Drainage (Check appropriate box)

- Storm Sewers
- Open Ditches
- Other means (specify: _____)

D. PURPOSE OF APPLICATION

16. Minor Variance(s) Request:

| a) Section & Provision from By-law 2010-078, as amended | Required | Proposed | Variance |
|---|----------|----------|----------|
| | | | |
| | | | |
| | | | |

b) **Why** is it not possible to comply with the provisions of the By-law?

E. STATUS OF OTHER PLANNING APPLICATIONS

17. Is the subject land **currently** the subject of any other application under the Planning Act?

Consent

- Yes No Unknown
If yes: File No.: _____ Status/Decision: _____

Plan of Subdivision

- Yes No Unknown
If yes: File No.: _____ Status/Decision: _____

Zoning By-law Amendment

- Yes No Unknown
If yes: File No.: _____ Status/Decision: _____

Official Plan Amendment

- Yes No Unknown
If yes: File No.: _____ Status/Decision: _____

18. Has the subject land **previously** been the subject of a minor variance application under Section 45 of the Planning Act 1990, as amended?

- Yes No Unknown

If yes: File No.: _____ Status/Decision: _____

F. AUTHORIZATION

If the applicant is not the owner of the land that is the subject of this application, a written authorization of the owner that the applicant is authorized to make the application must be included with this form, or the authorization set out below must be completed.

AUTHORIZATION OF OWNER(S) FOR AGENT TO MAKE THE APPLICATION

I/We, _____ am/are the owner(s) of the land that is the subject of this application for minor variance.

I/We authorize _____ to make this application on my/our behalf.

_____ Date _____ Owner Signature

_____ Owner Signature

PERMISSION TO ENTER

I/We, _____, being the registered owner(s) of the subject land, hereby authorize the Members of the City of Owen Sound Committee of Adjustment and City of Owen Sound staff members, to enter upon the property that is the subject of this application for the purpose of conducting a site inspection with respect to the attached application for Minor Variance.

_____ Date _____ Owner Signature

_____ Owner Signature

G. DECLARATION

I/We, _____ of _____ do solemnly declare that all the above statements and the statements contained in all of the exhibits transmitted herewith are true 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.

Declared before me at the _____ in the _____ of _____

this _____ day of _____, 20____.

_____ Owner/Agent Signature

_____ Owner/Agent Signature

_____ A Commissioner, etc.

NOTE:
 It is required that **one original hardcopy** of the application be filed with the Secretary-Treasurer of the Committee of Adjustment, together with the **required plan(s)**, and accompanied by the **applicable fee** referred to in the *Application Checklist* attached.