



COMMITTEE OF ADJUSTMENT APPLICATION FOR MINOR VARIANCE

Office Use Only
File Number: A _____
Date Received: _____

TO BE COMPLETED BY APPLICANT

Was there pre-consultation with Planning and Development Staff? Yes No

1. PROPERTY INFORMATION

Municipal Address:	
Legal Description:	

2. REGISTERED OWNER(S) INFORMATION

Name(s):			
Mailing Address:			
City:		Postal Code:	
Home Phone:		Work Phone:	
Fax:		Email:	

3. AUTHORIZED AGENT(S) – If Any

Company Name:			
Name:			
Mailing Address:			
City:		Postal Code:	
Work Phone:		Mobile Phone:	
Fax:		Email:	

4. LAND USE

What is the existing <u>Official Plan</u> designation(s) of the subject land?	
What is the existing <u>Zoning</u> designation(s) of the subject land?	

5. PURPOSE OF APPLICATION
Nature and Extent of relief being applied for (reference specific sections of the zoning by-law):
<hr/> <hr/> <hr/>
Why is it not possible to comply with the provisions of the zoning by-law?
<hr/> <hr/> <hr/>

6. PROPERTY INFORMATION			
Date Property was purchased:		Date property was first built on:	
Date of proposed construction on property:		Length of time the existing uses of the subject property have continued:	
Existing Use of the Subject Property (Residential/ Commercial/Industrial, etc)			
Proposed Use of Land (Residential/Commercial/ Industrial etc)			
Dimensions of the Property (please refer to your survey plan or site plan)	Frontage: _____ metres Depth: _____ metres Area: _____ square metres		
Are there any easements or restrictive covenants affecting the property?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide a description:		

7. PARTICULARS OF ALL BUILDINGS AND STRUCTURES ON THE PROPERTY (IN METRIC)

Existing (Dwellings & Buildings)		Proposed	
Type of Building(s):		Type of Building(s):	
Gross Floor Area:		Gross Floor Area:	
Building Height(s):		Building Height(s):	
Overall Lot Coverage (%)		Overall Lot Coverage (%)	
Accessory Building(s) Lot Coverage (%)		Accessory Building(s) Lot Coverage (%)	
# of Floors in Building:		# of Floors in Building:	
# of Parking Spaces:		# of Parking Spaces:	
Garage/Carport: Yes <input type="checkbox"/> No <input type="checkbox"/>		Garage/Carport: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Width:		Width:	
Length:		Length:	
Driveway Width:		Driveway Width:	
Describe Details:		Describe Details:	

8. LOCATION OF ALL BUILDINGS AND STRUCTURES ON OR PROPOSED FOR THE SUBJECT LAND

Existing		Proposed	
Front Yard Setback:	M	Front Yard Setback:	M
Exterior Side Yard: (if applicable)	M	Exterior Side Yard: (if applicable)	M
Side Yard Setback	Left: Right:	Side Yard Setback	Left: Right:
Rear Yard Setback	M	Rear Yard Setback	M

9. TYPE OF ACCESS TO THE SUBJECT LANDS (please check appropriate boxes)

Provincial Highway Municipal Road Private Road Water Other (Specify)

10. SERVICING

Water	Public <input type="checkbox"/> Private Well <input type="checkbox"/> Lake or Body of Water <input type="checkbox"/>
Sanitary Sewer	Public <input type="checkbox"/> Private Septic <input type="checkbox"/>
Drainage	Storm Sewer <input type="checkbox"/> Open Ditches <input type="checkbox"/>

11. IS THE SUBJECT LAND THE SUBJECT OF ANY OF THE FOLLOWING DEVELOPMENT TYPE APPLICATIONS?			
Official Plan Amendment	No <input type="checkbox"/> Yes <input type="checkbox"/>	File No.	Status
Zoning By-law Amendment	No <input type="checkbox"/> Yes <input type="checkbox"/>	File No.	Status
Plan of Subdivision	No <input type="checkbox"/> Yes <input type="checkbox"/>	File No.	Status
Site Plan	No <input type="checkbox"/> Yes <input type="checkbox"/>	File No.	Status
Building Permit	No <input type="checkbox"/> Yes <input type="checkbox"/>	File No.	Status
Consent	No <input type="checkbox"/> Yes <input type="checkbox"/>	File No.	Status
Previous Minor Variance	No <input type="checkbox"/> Yes <input type="checkbox"/>	File No.	Status

12. OTHER APPROVALS REQUIRED (please note it is your responsibility to make application to the appropriate authorities)			
Heritage Centre Wellington <input type="checkbox"/>	Ministry of Environment <input type="checkbox"/>	County of Wellington <input type="checkbox"/>	
Grand River Conservation Authority <input type="checkbox"/>	Other <input type="checkbox"/>	Specify	
County of Wellington <input type="checkbox"/>			
Grand River Conservation Authority <input type="checkbox"/>			
Other <input type="checkbox"/>	Specify		

MUNICIPAL FREEDOM OF INFORMATION DECLARATION:
 In submitting this minor variance application and supporting document(s), the owner/authorized agent, hereby acknowledge the Township of Centre Wellington will provide public access to all minor variance applications and supporting documentation, and provide my consent, that personal information, as defined by Section 2 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA.

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. Questions regarding the collection, use, and disclosure of this information may be directed to the FOI Coordinator at 519-846-9691.

PERMISSION TO ENTER
 The owner or authorized agent hereby authorizes the Committee of Adjustment members and the Township of Centre Wellington staff to enter onto the above-noted property for the limited purposes of evaluating the merits of this application.

NOTIFICATION SIGN REQUIREMENTS
 This will confirm the requirement of the Committee of Adjustment for a sign to be posed by all applicants or authorized agents on each property under application.

A sign will be made available to you once the application has been processed and hearing time set. You are directed to post the sign in a prominent location that will enable the public to observe the sign. The location of each sign will depend on the lot and location of structures on it; however, the sign should be placed so as to be legible from the roadway in order that the public can see the sign and make note of the telephone number should they wish to make inquires. In most cases, please post the sign on a stake as you would a real estate sign.

For commercial or industrial buildings, it may be appropriate to post the sign on the front wall of the building or at its entrance.

Each sign must be placed a minimum of ten (10) day prior to the scheduled hearing, until the day following the hearing. Please fill in the information below indicating your agreement to post the sign(s) as required. This form must be submitted with the application in order that it may be placed in the file as evidence that you met with the Planning Act requirements. Failure to post the sign as required may result in a deferral of the application. I, THE UNDERSIGNED, UNDERSTAND THAT EACH SIGN MUST BE PLACED AT LEAST TEN (10) DAYS BEFORE THE SCHEDULED HEARING OF MY APPLICATION AND BE REPLACED, IF NECESSARY, UNTIL THE DAY FOLLOWING THE HEARING.

Signature of Owner or Authorized Agent

Signature of Owner or Authorized Agent

AFFIVAVIT

I/WE _____, of the City/Town of _____
_____ in County/Municipality of _____, solemnly

Declare that all the above statements contained in this application are true and I make solemn declaration conscientiously believing it be true and knowing that it is the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of Owner or Authorized Agent

Signature of Owner or Authorized Agent

NOTE: the signature of applicant or authorized agent must be witnessed by a Commissioner. A Commissioner is available when submitting the application to the Committee of Adjustment staff.

Declared before me at the City/Town of _____ in the
County/Regional Municipality of _____ this ___ day of _____, 20_____.

Commissioner of Oaths

(official stamp of Commissioner of Oaths)

APPOINTMENT AND AUTHORIZATION

I / We, the undersigned, being the registered property owner(s):

[Organization name / property owner's name(s)]

of _____
(Legal description and/or municipal address)

hereby authorize _____
(Authorized agent's name)

as my/our agent for the purpose of submitting an application(s) to the Committee of Adjustment and acting on my/our behalf in relation to the application.

Dated this _____ day of _____ 20____.

(Signature of the property owner)

(Signature of the property owner)

NOTES: 1. If the owner is a corporation, this appointment and authorization shall include the statement that the person signing this appointment and authorization has authority to bind the corporation (or alternatively, the corporate seal shall be affixed hereto). 2. If the agent or representative is a firm or corporation, specify whether all members of the firm or corporation are appointed or, if not, specify by name(s) the person(s) of the firm or corporation that are appointed.