



APPLICATION FOR MINOR VARIANCE

THE UNDERSIGNED hereby applies to the Committee of Adjustment for the Township of Alberton under Section 45 of the *Planning Act*, R.S.O. 1990 for relief, as described in this application, from Comprehensive Zoning By-Law #2002-39 (as amended).

- 1. **Name of Owner:** _____
 Daytime Phone Number: _____ Email: _____
- 2. **Mailing Address:** _____
- 3. **Name of Agent (if any)** _____
 Telephone Number: _____ Email: _____
 Mailing Address: _____

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

- 4. **Names and addresses of any mortgagee, holders or charges or other encumbrances:**

- 5. **Street Address:** *(fire number and road name)*

Legal description of subject land *(registered plan number and lot number or other legal description):*

- 6. **Nature and extent of relief applied for:**

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



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

12. Existing uses of the subject property: _____

13. Existing uses of abutting properties:

North: _____

South: _____

East: _____

West: _____

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

15. Municipal services available *(check appropriate space or spaces)*

Water Yes No N/A Connected Yes No N/A

Sanitary Sewers Yes No N/A Connected Yes No N/A

Storm Sewers Yes No N/A

16. Present Official Plan designation(s) applying to the land: _____

17. Present Zoning By-Law designation(s) applying to the land: _____

18. Has the Owner previously applied for relief in respect of the subject property?

Yes No

If the answer is Yes, describe briefly:

19. Is the subject property, the subject of a current application for consent under Section 53 of the *Planning Act, R.S.O. 1990*: Yes No



20. DECLARATION OF APPLICANT OR AUTHORIZED AGENT

I, _____ of the Town _____ of _____, in the District of
Rainy River solemnly declare that:

All the statements contained in this application 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 and by virtue of the Canada Evidence Act.

DECLARED before me at the
Township of _____, in the
District of Rainy River, this _____ day
of _____, 20_____.

} _____
Signature of Applicant or Authorized Agent

A Commissioner, etc.

Personal information contained on this form, collected pursuant to the Planning Act, will be used for the purpose of responding to this application. Questions should be directed to the Freedom of Information and Privacy Coordinator at the institution where the request was made.



**AUTHORIZATION OF OWNER
FOR APPLICANT TO MAKE THIS APPLICATION**

I, _____ of the Town _____ of _____ in the
_____ of _____ am the owner of the land that
is the subject of this application and, as evidenced by my signature below, I hereby authorize
_____ to make this application on my behalf.

Date Signature of Owner

If the Applicant is not the owner of the land that is the subject of this application, complete the authorization of the owner concerning personal information set out below.

AUTHORIZATION OF OWNER REGARDING PERSONAL INFORMATION

I, _____, am the owner of the land that is the subject of
this application and for the purposes of the *Freedom of Information and Protection of Privacy Act*, I
authorize _____ as my agent for this application, to provide
any of my personal information that will be included in this application or collected during the
processing of the application.

Date Signature of Owner

CONSENT OF THE OWNER

Consent of the Owner to the Use and Disclosure of Personal Information

I, _____, am the owner of the land that is the
subject of this application and for the purposes of the *Freedom of Information and Protection of
Privacy Act*, I authorize and consent to the use by or the disclosure to any person or public body
of any personal information that is collected under the authority of the *Planning Act* for the
purposes of processing this application.

Date Signature of Owner



Notes:

1. You must file two originally-signed copies of this application with the Secretary-Treasurer of the Alberton Committee of Adjustment, together with the sketch or plan referred to in Note 2 below and the application fee of **\$400.00** in cash or by cheque made payable to the Township of Alberton.
2. Each copy of the Application must be accompanied by a plan showing the dimensions of the subject land and of all abutting land, and showing the location, size and type of all buildings and structures on the subject and abutting land, and their distances from the nearest lot line(s). The Committee of Adjustment may require that the plan be prepared by an Ontario Land Surveyor at the cost of the Applicant. An application will not be deemed to be complete unless and until an acceptable sketch or plan is provided.
3. As the Applicant, you are responsible for ensuring that this application includes a request for all of the necessary variances in order to obtain compliance with the Township of Alberton Zoning By-Law. Your failure to do so in this application may require you to re-apply with a second application and payment of another application fee.
4. Pre-consultation with the Township is mandatory. The Application may be provided via email to alberton@jam21.net for this purpose. Any deficiencies or changes required must be addressed before the Application will be formally received for processing.