#### Land Division Committee/Committee of Adjustment

## NOTICE OF PUBLIC HEARING OF APPLICATION FOR MINOR VARIANCE

Planning Act, R.S.O. 1990, c.P. 13, R.R.O. 1990, Reg. 200/96

a) Name of Committee	(a)Committee of Adjustment			
o) Name of Applicant	RE AN APPLICATION BY (b) Bruce and Katherine Sparrow			
c) Brief description	LOCATION OF PROPERTY (c) 5808 Ninth Line, Concession 9 Part Lot 23			
d) As set out in Application	PURPOSE OF APPLICATION (d) Seeking relief from Zoning By-Law section 4.22.1 to reduce the Minimum Distance Separation (MDS) setback requirement to 215 meters for a proposed new residential lot This does not meet MDS requirement by 40 meters.  TAKE NOTICE that an application under the above file number will be heard by committee on the date, and at the time and place shown below.			
	DATEMay 17, 2017TIME7:20 p.m			
	PLACE AND ADDRESS: Town of Erin Municipal Office 5684 Trafalgar Road, Hillsburgh, ON NOB 1Z0			
	PUBLIC HEARING - You are entitled to attend this public hearing in person to express your			

views about this application or you may be represented by counsel for that purpose. If you are aware of any person interested in or affected by this application who has not received a copy of this notice you are requested to inform that person of this hearing. If you wish to make written comments on this application they may be forwarded to the secretary-treasurer of the committee at the address shown below. Please note that the Ontario Municipal Board may dismiss all or part of an appeal if the person or public body has not made an oral or written submission.

**FAILURE TO ATTEND HEARING -** If you do not attend at the hearing, it may proceed in your absence and, except as otherwise provided in the *Planning Act*, you will not be entitled to any further notice in the proceedings.

**NOTICE OF DECISION -** A copy of the decision of the committee will be sent to the applicant and to each person who appeared in person or by counsel at the hearing and who has filed with the secretary-treasurer a written request for notice of the decision.

Signature of Secretary-Treasurer
Jessica Wilton

Dated this \_\_4th\_\_\_ day
Committee of Adjustment
5684 Trafalgar Rd
of \_\_May\_, 2017
Hillsburgh, ON NOB 1Z0

### **Minor Variance Application**

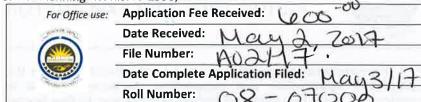
a) Owner (Full name and address of Owner(s), whether a Corporation/Individual, must be provided)

Pursuant to Section 45 of The Planning Act R.S.O. 1990, as amended

#### **Town of Erin**

5684 Trafalgar Road Hillsburgh, ON NOB 1Z0

(519) 855-4407 Fax: (519) 855-4821



#### A. General Information

**Applicant Information** 

Contact Name(s): KATHERINE SAI	eath Sparrow	/						
Address: 3515 KINGBIRD COUR		Municipality: M	185188AU6A					
Phone / Fax: 905 302 4549	E-Mail: Kathenne. Spar		Postal Code: L5L					
Note: Authorization is required if the applicant is <u>not</u> th	e owner (See Page 5) Lgnai	1. com	3Pi					
b) Agent *** If different from above***	that to think is the or bead.	cal bill new dis	which instant is 40					
Contact Name(s): R. BRUCE SP	ARROW							
Address: 3515 KINGBIRD Co	VICT	Municipality:	11551SSAUGA					
Phone / Fax: 416 802 0306	E-Mail: bruch Sparra	Wecibe.	Postal Code:					
c) Name, Address, Phone of all persons having any mortgage charge or encumbrance on the property:								
Name(s):								
Address:		Municipality:						
Phone / Fax:	E-Mail:		Postal Code:					
d) Send correspondence to the following: (Please sp	ecify)							
Owner: WAIL	Agent: EMAIL ONLY		Other:					
B. Reason for Application								
Under what <u>Provision(s)</u> of the Zoning by-law is the application being made, and what is the nature and extent of the relief? (also indicate on sketch)  Section 4.22.  SEEKING RELIEF OF ZONING BY-LAW 07-67 FOR THE MINIMUM DISTANCE SEPARATION REPORT OF 255M SETERCK WHILE ONLY ZISM CANBELLE  Why is it not possible to comply with the provisions of the By-Law? (also indicate on sketch)  THIS IS THE MOST APPROPRIATE SEVERANCE LOCATION.								
What is the current County and Town of Erin official pl	an and Town of Erin zoning status	?						
A) Town of Erin Official Plan Designation:  B) County of Wellington Official Plan Designation: CREENLANDS  ACR JEPS  B) County of Wellington Official Plan Designation: CREENLANDS								

C. Access to Subject Lands Provide a description of the entire property: City/Town: ERIA Street Address: 580 2 Municipality: Registered Plan #: 618-21080 Concession: Width of Road Allowance (if known): Road or Street Providing access to subject property: Area: Depth: Frontage: Please indicate what the access to the subject property is: Provincial Highway Other Public Road Seasonally Maintained Municipal Road Right-of-way Continually Maintained Municipal Road Water Access If access is by water only; please describe the parking and docking facilities used or to be used and the approximate distance of these facilities from subject land to the nearest public road: D. Municipal Services Provided: Please indicate the applicable water supply and sewage disposal: Other Other Communal Private Communal Private Municipal Building Municipal Water Water Sewage Water Well Sewers Sewers Septic Supply Disposal Existing Proposed Please indicate what the storm drainage is provided by: Sewers **Swales** Ditches Other Means E. Existing, subject, and abutting property land uses, buildings and their locations Indicate units of measurement: Provide the information below for each (for additional buildings or structures add sheet) Metric \_\_\_\_\_ Imperial \_\_\_\_\_ Setback from: Height of Building or Structure: \_\_\_\_\_ meters. Type of Building \_\_\_ Front Lot Line:\_\_\_\_\_ Dimensions of Floor Area: # of Parking Spaces \_\_ Rear Lot Line: Total Floor Area (excluding basement): # of Loading Spaces\_ Side Lot Lines & % of Lot Coverage: \_\_\_\_\_ # of Floors: \_\_\_\_

What is the existing use of:

A) The Subject Property:	IDE	WII	FL AND AL	SRICUI	TURAL
B) The Abutting Property:	IDE	NTI	+L AND AL	RICVI	LTURAL
C) How long have the existing uses c	ontinued	on the s		^	
What is the Proposed use of the sub	V				Live of the grant of thirty of the
RESIDENTI	AL				3
Number of <u>Proposed</u> buildings or stru	ıctures oı	n the sub	ject land: TSD	-	Indicate units of measurement:
Provide the information below for ear	ch (for ad	ditional	buildings or structures add she	eet)	Metric Imperial
	Height	of Buildir	ng or Structure	meters	Setback from:
Type of Building					
# of Parking Spaces	Dimensions of Floor Area:			Front Lot Line:	
# of Loading Spaces	Total Floor Area (excluding basement):				Rear Lot Line:
	% of Lot Coverage: # of Floors:			x	Side Lot Lines &
Has the subject land ever been th	e subjec	t of an a	application under section 4	5 of the Act	? Yes No
F. Dates regarding subject prop	erty		/		
Date of acquisition of subject property	y:	_2	006		
Date of Construction of all buildings o	n subject	property	: FUTURE		
G. Other related planning appli	cations	8	361		
If known, is the subject land the subject	ect of any	of the f	ollowing development type a	pplications:	
Application	Yes	No	File Number:	File Status:	
Official Plan Amendment		V			
Zoning By-law Amendment					
Plan of Subdivision		V			
Site Development Plan		V			
Building Permit		18			
Consent (Land Division Committee)			R74/16	CONDI	TIONAL APPROVAL
Previous Minor Variance Application		1	20170		10.70

# H. Authorization for Agent/Solicitor to Act for Owner If affidavit is signed by an Agent/Solicitor on Owner's behalf, and/or the Agent will act on behalf of the Owner with regards to this application, the Owner's written authorization below must be completed. , of the Town of Erin, County of Wellington do hereby authorize to act as my agent in this application. Signature of Owner(s) I. Permission to Enter **Owner or Authorized Agent:** \_\_\_\_, of the Town of Erin, County of Wellington do hereby authorize the members of the Committee of Adjustment and members of the staff of the Town of Erin to enter upon the subject lands and premises for the limited purpose of evaluating the merits of this application. This is their authority for doing so. J. Affidavit: This affidavit must be signed in the presence of a Commissioner. of the Town of Erin, County of Wellington, do solemnly declare that all the statements contained in this application are true, and I, (we), 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. Signature of Owner or Authorized Solicitor/Agent Declared before me at the Town of Erin in the County of Wellington: Stamp: County of Wellington, while for the Corporation of the Town of Erin Reviewed by:

Town of Erin Building Department

**Town of Erin Planning Department** 

