

A Minor Variance is an application to request a change or permission from the specific requirements of the Town’s Zoning By-law. An application will be considered under Section 45 of The Planning Act, R.S.O., 1990, as amended. The purpose of these Guidelines is to assist persons in completing the Minor Variance Application. Please contact the Municipal Office directly if you require clarification on any matter covered by this application form.

1. Before submitting your application to the Committee of Adjustment, it is strongly recommended that you consult with the Town’s Senior Planner ([planning@erin.ca](mailto:planning@erin.ca)), and the appropriate Conservation Authority (if applicable).
2. Please submit this application form via email to [planning@erin.ca](mailto:planning@erin.ca) or via mail to Planning, Corporation of the Town of Erin, 5684 Trafalgar Road, Hillsburgh ON N0B 1Z0

Note: As of July 1, 2016, changes to the Planning Act prohibit an applicant from making an application for a minor variance from the provision of a by-law passed within the last two years. If your property has been the subject of a by-law passed after July 1, 2016, please contact [planning@erin.ca](mailto:planning@erin.ca) for information on how to proceed with the application.

3. Application fees payable to the Town of Erin upon submission of the application is as per the Planning Fee By-law 01-28, as amended. This fee is used to pay all legal, planning and other associated costs with respect to the processing of the subject application.
4. Studies submitted with an application will be available to the public for review and may be reproduced for public use.
5. If the applicant (agent or solicitor) is not the owner of the subject land, *Section H* of the application must be filled out by the owner, which authorizes the applicant to act on behalf of the owner as it relates to the subject application.

**Source Water Protection**

Is the subject land within a Wellhead Protection Area, Issue Contributing Area, or Intake Protection Zone of an approved Source Protection Plan in effect?      Yes         No  

If yes, please complete the Source Water Protection form and submit with your application.

**Plan Requirements**

1. All applications for a Minor Variance must include an accurate and to scale drawing (in metric) with the following information:
  - all property boundaries and dimensions of the subject lands
  - all existing/proposed structures and their sizes
  - the distance between all existing/proposed structures and the property lines
  - all measurements related to the requested variance(s)
  - showing the boundary and dimensions of the subject property, all existing and proposed buildings and structures, and the requested variances. Where relevant to the relief being requested, the drawings must also show any of the following applicable items:
    - easements, restrictive covenants
    - natural features (i.e. water body and associated hazard lands, wetlands)
    - north arrow and scale
    - public/private road allowances and right-of-ways
    - if water access, the location of parking and docking facilities

- any additional details requested by staff.

If you are requesting a variance to the maximum height provision, please submit elevations plans.

### **Supporting Information**

Please bear in mind that additional information may be required by the municipality, county, local and provincial agencies in order to evaluate the proposed Minor Variance. The required information may include studies or reports to deal with such matters as environmental impacts, traffic, water supply, sewage disposal and storm water management. Ontario Regulation 200/96 outlines specific information, which must be included within an application for minor variance.

**Note:** the applicant is responsible for additional costs triggered from the required supporting information (i.e. agency review fees).

### **Procedure**

1. Upon receipt of an application, the required fee and other information as may be required, the Secretary Treasurer of the Committee of Adjustment or the Clerk of the municipality will notify those parties that are to receive notice under Ontario Regulation 200/96. This involves the circulation of the application to various agencies and abutting landowners for their comments. There may be an additional cost associated with the circulation for comments.
2. A recommendation report is prepared by staff, which will include any comments received, for the Committee of Adjustment and applicant.
3. The Committee of Adjustment meets to hear applications one a month. The applicant or agent is required to attend the hearing.
4. The Committee will render its decision at the hearing or at a later date only upon deferral or tabling of the application. The applicant and any other parties requesting notice will be provided with a notice of any decision made by the Committee. From the decision date, there is a 20 day appeal period during which the Committee's decision may be appealed to the Ontario Land Tribunal.
5. If no appeal is lodged within 20 days, the Committee's decision becomes final and binding.

### **For further information, please contact:**

Planning

c/o Corporation of the Town of Erin

5684 Trafalgar Road Hillsburgh, ON N0B 1Z0

Phone: 519-855-4407 ext. 242

Fax: 519-855-4281

E-mail: [planning@erin.ca](mailto:planning@erin.ca)

## Minor Variance Application



<i>For Office use:</i>	<b>Application Fee Received:</b>
	<b>Date Received:</b>
	<b>File Number:</b>
	<b>Date Complete Application Filed:</b>
	<b>Roll Number:</b>

The undersigned hereby applies to the Committee of Adjustment for the Town of Erin under Sections 44 and 45 of the *Planning Act, R.S.O. 1990*, chapter P.13 for relief, as described in this application, from Zoning By-law 07-67, as amended.

### A. General Information

<b>Applicant Information</b>		
<b>a) Owner (Full name and address of Owner(s), whether a Corporation/Individual, must be provided)</b>		
Owner(s):		
Address:		Municipality:
Phone:	E-Mail:	Postal Code:
Note: Authorization is required if the applicant is <u>not</u> the owner (See Page 7)		
<b>b) Agent *** If different from above***</b>		
Name:		
Address:		Municipality:
Phone:	E-Mail:	Postal Code:
<b>c) Name of Mortgagee or Holders of Charges:</b>		
Name:		
Address:		Municipality:
Phone:	E-Mail:	Postal Code:
<b>d) Send correspondence to the following: (Please specify)</b>		
Owner: <input type="checkbox"/>	Agent: <input type="checkbox"/>	Other: _____
<b>e) Proof of ownership</b>		
Copy of Registered Deed or Transfer: _____		
Other (please specify): _____		
(Copy of document indicated above must be attached hereto)		

**B. Reason for Application**

**Nature and extent of the relief?**

(Please specify detailed nature and dimensions of the variance in metric units)

Section(s): \_\_\_\_\_

**Rationale for why is it not possible to comply with the provisions of the By-Law?**

**Present Official Plan and Zoning status**

A) Town of Erin Official Plan Designation:

\_\_\_\_\_

B) County of Wellington Official Plan Designation:

\_\_\_\_\_

B) Zoning: \_\_\_\_\_

**C. Access to Subject Lands**

**Provide a description of the entire property:**

Street Address:

City/Town:

Municipality:

Concession:

Lot:

Registered Plan #:

Width of Road Allowance (if known):

Road or Street Providing access to subject property:

Lot Frontage:

Lot Depth:

Lot Area:

**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	<input type="checkbox"/>	Water Access	<input type="checkbox"/>	
<b>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:</b>				

**D. Municipal Services Provided:**

Please indicate the applicable water supply and sewage disposal:								
Building	Municipal Water	Communal Water	Private Well	Other Water Supply	Municipal Sewers	Communal Sewers	Private Septic	Other Sewage Disposal
Existing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate what the storm drainage is provided by:								
Sewers	<input type="checkbox"/>				Swales	<input type="checkbox"/>		
Ditches	<input type="checkbox"/>				Other Means			

**E. Existing Use, Proposed Use and Abutting Properties**

<b>What is the proposed use of the subject land:</b>		
<b>1. Location of existing buildings and structures on or proposed for the subject land.</b> (specify distance from side, rear and front lot lines on submitted plan in metric)		
Building(s): _____ _____ # of parking spaces: _____ # of loading spaces: _____ To be demolished? _____	Height of Building/Structures: _____ m Dimensions of Floor Area: _____ Total Floor Area: _____ sq. m. Lot coverage: ____% # of floors: ____	Front yard: _____ m Rear yard: _____ m Side yards: _____ m & _____ m
<b>2. Location of proposed buildings and structures on or proposed for the subject land</b> (specify distance from side, rear and front lot lines on submitted plan in metric)		
Type of Building: _____ # of parking spaces: _____	Height of Building/Structure: ____ m	Front yard: _____ m Rear yard: _____ m

# of loading spaces: _____	Dimensions of Floor Area: _____ Total Floor Area: _____ sq. m. Lot coverage: ____% # of floors: ____	Side yards: _____ m & _____ m
Type of Building: _____ # of parking spaces: _____ # of loading spaces: _____	Height of Building/Structure: ____ m Dimensions of Floor Area: _____ Total Floor Area: _____ sq. m. Lot coverage: ____% # of floors: ____	Front yard: _____ m Rear yard: _____ m Side yards: _____ m & _____ m
<b>What is the existing use of:</b>		
A) The Subject Property:		
B) The Abutting Property:		
C) How long have the existing uses continued on the subject property:		

**F. Dates regarding subject property**

Date of acquisition of subject property:	
Date of Construction of all buildings on subject property:	

**G. Other related planning applications**

**If known, is the subject land the subject of any of the following development type applications:**

Application	Yes	No	File Number:	File Status:
Official Plan Amendment	<input type="checkbox"/>	<input type="checkbox"/>		
Zoning By-law Amendment	<input type="checkbox"/>	<input type="checkbox"/>		
Plan of Subdivision	<input type="checkbox"/>	<input type="checkbox"/>		
Site Development Plan	<input type="checkbox"/>	<input type="checkbox"/>		
Building Permit	<input type="checkbox"/>	<input type="checkbox"/>		
Consent (Land Division Committee)	<input type="checkbox"/>	<input type="checkbox"/>		
Previous Minor Variance Application	<input type="checkbox"/>	<input type="checkbox"/>		

**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.**

I (we) \_\_\_\_\_, of the Town of Erin, County of Wellington do hereby authorize \_\_\_\_\_ to act as my agent in this application.

\_\_\_\_\_  
Signature of Owner(s)

\_\_\_\_\_  
Date

**I. Permission to Enter**

**Owner or Authorized Agent:**

I \_\_\_\_\_, 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.

Location of Land: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner or Authorized Agent

Print Name: \_\_\_\_\_

**J. Affidavit:**

**This affidavit must be signed in the presence of a Commissioner.**

I (we) \_\_\_\_\_ 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.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Owner or Authorized Solicitor/Agent

\_\_\_\_\_  
Date

Declared before me at the Town of Erin in the County of Wellington:

\_\_\_\_\_  
Signature of Commissioner

\_\_\_\_\_  
Date

Stamp: