



TO BE FILED WITH:

COMMITTEE OF ADJUSTMENT
P.O. BOX 307, 102 Durham Street
White River, Ontario, P0M 3G0
TELEPHONE: (807) 822-2450
FACSIMILE: (807) 822-2719

APPLICATION FOR MINOR VARIANCE

FOR OFFICE USE ONLY

Date: _____

Application No. _____

NOTE TO APPLICANTS

The information on this form that must be provided by the applicant is indicated in *italics*. This information is prescribed in accordance with Ontario Regulation 41/95 made under the **Planning Act**. This mandatory information must be provided with the appropriate fee. If the mandatory information and fee are not provided, the Secretary-Treasurer will return the application, or refuse to further consider the application until the information and fee have been provided.

The application form also sets out other information that will assist the Committee of Adjustment and others in their planning evaluation of the consent application. To ensure the quickest and most complete review, this information should be submitted at the time of application. In the absence of this information, it may not be possible to conduct a complete review within the legislated timeframe for making a decision. As a result, the application may be refused.

SUBMISSION OF THE APPLICATION

Please submit one (1) completed application form, along with the applicable fee of \$_____. Further questions or inquiries should be directed to CAO, Secretary-Treasurer, Committee of Adjustment, (807) 822-2450 ext. 206.

1. APPLICANT INFORMATION

1.1 **Name of Applicant** _____
Address _____

Telephone Number(s) _____

1.2 *Name, telephone number and address of Owner(s), if different from the applicant. (Joint ownership must be shown.) An Owner's Authorization is required in Section 19, if the applicant is not the Owner.*

1.3 *Name, telephone number and address of the person who is to be contacted about the application, if different than the applicant. (This may be a person or firm acting on behalf of the applicant.)*

2. LOCATION OF SUBJECT LAND (Complete applicable lines)

2.1 **District** District of Algoma
Municipality Township of White River
Lot Number(s) _____
Parcel Number(s) _____
Registered Plan No(s) _____
Lot(s), Block(s) _____
Mining Claim No. _____
Part Number(s) _____
Street No. _____ **Name of Street/Road** _____

2.2 *Are there any easements or restrictive covenants affecting the subject land?*

Yes No

If YES, please describe the easement or covenant and its effect.

3. NATURE AND EXTENT OF RELIEF APPLIED FOR

3.1 Why is it not possible to comply with the provisions of the by-law?

4. DIMENSIONS OF LAND AFFECTED

FRONTAGE _____ DEPTH _____ AREA _____

5. Particulars of all buildings and structures on or proposed for the subject land (specify ground floor area, gross floor, number of storeys, width, length, heights, etc.)

Existing

Proposed

6. Location of all buildings and structures on or proposed for the subject land (specify distance from side, rear and front lot lines).

Existing

Proposed

7. **Date of Acquisition of Subject Land** _____

8. **Date of Construction of all buildings and structures on subject land.** _____

9. **Existing use of the subject property**

10. **Existing uses of abutting properties**

11. **Length of time the existing uses of the subject property have continued**

12. **Type of Access** (check appropriate box)

- Provincial Highway
- Municipal Road, maintained all year
- Municipal Road, seasonally maintained
- Other Public Road
- Right-of-Way

13. **Type of Water Supply Proposed** (check appropriate box)

- Publicly Owned and Operated Piped Water System
- Privately Owned and Operated Individual Well
- Privately Owned and Operated Communal Well
- Lake or Other Water Body
- Other means

14. **Type of Sewage Disposal Proposed** (check appropriate box)

- Publicly Owned and Operated Sanitary Sewer System
- Privately Owned and Operated Individual Septic Tank
- Privately Owned and Operated Communal Septic Tank
- Privy
- Other means

(1) A certificate of approval from the Algoma Public Health (18 Ganley Street, Wawa (705) 856-7208) or Ministry of Environment (70 Foster Dr. #110, Sault Ste Marie (705) 942-6354) submitted with this Application will facilitate the review.

15. LAND USE

15.1 What is the present OFFICIAL PLAN designation(s) of the subject land?

15.2 What is the present ZONING of the subject land?

16. HISTORY OF SUBJECT LAND

16.1 Has the owner previously applied for relief in respect to the subject property?

Yes No Unknown

If YES, please describe the easement or covenant and its effect.

16.2 Is the subject property the subject of a current application for Consent under Section 53 of the Planning Act?

Yes No Unknown

If YES, please describe the easement or covenant and its effect.

17. SKETCH (Use attached Sketch Sheet on page 8)

17. The application must be accompanied by a Sketch showing the following:

- ◆ the boundaries and dimensions of the subject land;
- ◆ the boundaries and dimensions of any land owned by the owner of the subject land and that abuts the subject land;
- ◆ the location of all land previously severed from the parcel originally acquired by the current owner of the subject land;
- ◆ the approximate location of all natural and artificial features on the subject land and adjacent lands that in the opinion of the applicant may affect the application, such as buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded area, wells and septic tanks;
- ◆ existing use(s) on adjacent lands;
- ◆ the location, width and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public travelled road, a private road or a right-of-way; and
- ◆ location and nature of any easement affecting the subject land.

18. AFFIDAVIT OR SWORN DECLARATION

I, _____, of the Municipality of Wawa, in the District of Algoma, make oath and say (or solemnly declare) that the information contained in this application is true and that the information contained in the documents that accompany this application is true.

**SWORN BEFORE ME AT THE
MUNICIPALITY OF WAWA
IN THE DISTRICT OF ALGOMA**

COMMISSIONER OF OATHS

APPLICANT

Dated this ____ day of _____, 20____

19. AUTHORIZATION

If the applicant is not the owner of the land that is the subject of this application, the 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.

19.1

**AUTHORIZATION OF OWNER FOR AGENT
TO MAKE APPLICATION**

I, _____ am the owner of the land that is the subject of this application for a consent and I authorize _____ to make this application on my behalf.

DATE

SIGNATURE OF OWNER

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

**AUTHORIZATION OF OWNER FOR AGENT
TO PROVIDE PERSONAL INFORMATION**

I, _____ am the owner of the land that is the subject of this application for a consent 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

20. **CONSENT OF THE OWNER**

Complete the consent of the owner concerning personal information set out below.

**CONSENT OF THE OWNER TO USE AND
DISCLOSURE OF PERSONAL INFORMATION**

I, _____ am the owner of the land that is the subject of this application for a consent 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 purpose of processing this application.

DATE

SIGNATURE OF OWNER

The Committee of Adjustment will assign a **FILE NUMBER** for complete applications and this should be used in all communications.

SKETCH SHEET

