

COMMITTEE OF ADJUSTMENT Centre Wellington APPLICATION FOR MINOR VARIANCE

Office Use Only
File Number: A
Date Received:

TO BE COMPLETED BY APPLICANT

Was there pre-co	nsultation with Planning an	d Development Staff?	Yes 🗆	No 🗆]
1. PROPERTY INFORMATIO	DN				
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</u> designation(s) of the subject					
What is the existing <u>Zoning</u> designation(s) of the subject					

5. PURPOSE OF APPLICATION						
Nature and Extent of relief being applied for (reference specific sections of the zoning by-law):						
Why is it not possible to comply with t	the provisions of the zoning by-law?					
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 □ No □ If yes, please provide a description:					

7. PARTICULARS OF ALL BUILDINGS AND STRUCTURES ON THE PROPERTY (IN METRIC)								
Existing (Dwellings & Buildings)			Propos	sed				
Type of Building(s	s):			Type of Building(s):				
Gross Floor Area:				Gross Floor Area:				
Building Height(s)	:		Building Height(s):					
# of Floors in Build	ding:			# of Floors in Building	 g:			
# of Parking Space	es:			# of Parking Spaces:				
C /C				C /C		L	<u> </u>	
Garage/Carport:		Yes 🗆 No 🗆		Garage/Carport:		Yes 🗆	No 🗆	
Width:				Width:				
Length: Driveway Width:				Length: Driveway Width:				
Describe Details:				Describe Details:				
8. LOCATION OF ALL BUILDINGS AND STRUCTURES ON OR PROPOSED FOR THE SUBJECT LAND								
	Ex	xisting		P	roposed			
Front Yard Setbac	k:		М	Front Yard Setback:				М
Exterior Side Yard	:		М	Exterior Side Yard:				М
(if applicable)				(if applicable)				
Side Yard Setback		Left: Rig	ght:	Side Yard Setback	Left:		Right:	
Rear Yard Setback	(М	Rear Yard Setback				М
9. TYPE OF ACCESS TO THE SUBJECT LANDS (please check appropriate boxes)								
Provincial Highway □ Municipal Road □ Private Road □ Water □ Other (Specify)								
10. SERVICING								
Water	Water Public □ Private Well □ Lake or Body of Water □							
Sanitary Sewer	Public	Public Private Septic 🗆						
Drainage	Storm Sewer Open Ditches							

11. IS THE SUBJECT LAND THE SUBJECT OF ANY OF THE FOLLOWING DEVELOPMENT TYPE APPLICATIONS?				
Official Plan Amendment	No □ Yes □	File No.	Status	
Zoning By-law Amendment	No □ Yes □	File No.	Status	
Plan of Subdivision	No □ Yes □	File No.	Status	
Site Plan	No □ Yes □	File No.	Status	
Building Permit	No □ Yes □	File No.	Status	
Consent	No □ Yes □	File No.	Status	
Previous Minor Variance	No □ Yes □	File No.	Status	

12. OTHER APPROVALS REQUIRED (please note it is your responsibility to make application to the appropriate					
authorities)					
Heritage Centre Wellington					
Grand River Conservation Authority					
County of Wellington					
Ministry of Environment and Climate Change Resources					
Other 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 hearing. Please fill in the information below indicating your must be submitted with the application in order that it may the Planning Act requirements. Failure to post the sign as real, THE UNDERSIGNED, UNDERSTAND THAT EACH SIGN MUSSCHEDULED HEARING OF MY APPLICATION AND BE REPLACE HEARING.	r agreement to post the sign(s) as r y be placed in the file as evidence t equired may result in a deferral of ST BE PLACED AT LEAST TEN (10) Do	required. This form that you met with the application. AYS BEFORE THE		
Signature of Owner or Authorized Agent	Signature of Owner or Autho	prized Agent		
AFFIVAVIT				
I/WE	, of the City/Town of			
in Cou	nty/Municipality of	, solemnly		
Declare that all the above statements contained in this approximation conscientiously believing it be true and knowing that it is to 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 mus available when submitting the application to the Commit		r. A Commissioner is		
Declared before me at the City/Town of		in the		
County/Regional Municipality of	this day of	, 20		
Commissioner of Oaths	(official stamp of Comm	nissioner of Oaths)		