

TOWNSHIP OF ZORRA

163 Brock Street PO Box 189 Thamesford, ON N0M 2M0 Ph. 519-485-2490 Fax 519-485-2520

FILE NO:
DATE RECEIVED:
Roll Number:

APPLICATION FOR MINOR VARIANCE

MINOR VARIANCE – s.45 (1) PERMISSION – s. 45 (2)
The undersigned hereby applies to the Committee of	of Adjustment for the <i>Township of Zorra</i> under
Section 45 of the Planning Act for relief, as described	in this application, from By-law No. 35-99 (as amended).
NAME OF REGISTERED OWNER	TELEPHONE
ADDRESS	FAX
POSTAL CODE	EMAIL
NAME OF APPLICANT (if other than registered owner)	TELEPHONE
ADDRESS	FAX
POSTAL CODE	EMAIL
NAME OF SOLICITOR OR AGENT (if any)	TELEPHONE
ADDRESS	FAX
POSTAL CODE	EMAIL
OFFICIAL PLAN – current designation of the subject land:	
ZONING BY-LAW – current zoning of the subject land:	

RELIEF – nature and extent of relief from the	zoning by-law:	
REASON why the proposed use cannot comp	oly with the provisions	of the zoning by-law:
LEGAL DESCRIPTION of subject land (such as the municipality, concession and lot numbers, registered plan and lot numbers, reference plan and part numbers and name of street and number):		
DIMMENSIONS OF LAND affected:		
Frontage:	Depth:	Area:
ACCESS – Access to the subject land is by:		
☐ Municipal road – seasonal	☐ Right-of-way	
☐ Municipal road – year round	d Water	
Other public road (specify)		
EXISTING USES of the subject land:		LENGTH OF TIME the existing uses of the subject land have continued:

EXISTING BUILDINGS – STRU	CTURES - Where there are a	ny buildings or structures on the subject land, indicate for each:
TYPE	Front lot line setback:	Height in metres:
	Rear lot line setback:	Dimensions
DATE CONSTRUCTED	Side lot line setback:	Floor Area:
	Side lot line setback:	
TYPE	Front lot line setback:	Height in metres:
	Rear lot line setback:	Dimensions:
DATE CONSTRUCTED	Side lot line setback	Floor Area:
	Side lot line setback	
		Attach additional page if necessary
PROPOSED USES of the subject	ct land:	
DRODOSED DI III DINGS STE	DUCTUBES Where one buildin	gs or structures are proposed to be built on the subject land, indicate for each:
PROPOSED BUILDINGS - STR	TOCIONES - Where any building	gs of structures are proposed to be built on the subject faild, indicate for each.
TYPE	Front lot line setback:	Height in metres:
	Rear lot line setback:	Dimensions:
	Side lot line setback: .	Floor Area:
	Side lot line setback: .	
TYPE	Front lot line setback:	Height in metres:
	Rear lot line setback:	-
	Side lot line setback: .	
	Side lot line setback: .	
		Attach additional page if necessary
DATE - Subject land was acquir	red by current owner on:	
WATER is provided to the subje	ct land by:	
Publicly-owned/operated pipe	•	☐ Lake or other water body
Privately-owned/operate indiv	-	Other means (specify)
		Caron mounts (Specify)
Privately owned/operated cor	mmunal well	
SEWAGE DISPOSAL is provide	ed to the subject land by:	
Privately-owned/operated inc	dividual septic system	☐ Publicly-owned/operated communal septic system
Privy		Other means (specify)
L — FIIVY		— Other means (specify)
STORM DRAINAGE is provided	to the subject land by:	
□ _{Sewers} □ _{Ditche}	es \square_{Swales}	Municipal Drain (Name of Drain)

OTHER APPLICATIONS – if known, indicate if the	subject land is the s	subject of an application under the Act for:	
Approval of a plan of subdivision (under section	n 51) File #	Status	
☐ Consent (under section 53)	File #	Status	
Previous application (under section 45)	File #	Status	
If the decision of this application is appealed,	1	· · · · · · · · · · · · · · · · · · ·	
		(owner/applicant name – please print)	
agree to support the application, provide assi	stance in the prepar	ration and presentation of the application before the	
Local Planning Appeal Tribunal and pay all of	the Township's leg	al costs associated with the Tribunal hearing.	
(signature of owner / applicant)		_	
(dignature of emiler, applicantly			
DECL A	RATION O	F APPLICANT	
<i>5</i> 2027(1		7. 7.1. 2.07.111	
1	of the	of	
	In the	of	
Solemnly declare that:	application and pre	ovided by me are true and I make this solemn	
		knowing that it is of the same force and effect	
as it made under oath.	g it to be tide and i	and that it is or the same force and shock	
DECLARED before me at the			
of		Signature of Applicant	
in the of			
thisday of	20		
	20		
		Signature of Applicant	
Signature of commissioner, etc.			
Signature of commissioner ofe			

This application must be accompanied by a fee of \$635.00 (\$687.00 with Minimum Distance Separation variance), plus a \$130.00 Oxford County Public Works review fee, in cash or by cheque made payable to the Township of Zorra. Please be advised that further fees may apply, from outside agencies.

MFIPPA Notice of Collection & Disclosure

The collection of personal information on this form is legally authorized under Sec.34 of the *Planning Act* and O.Reg.545/06 for the purpose of processing your planning application. Questions about this collection should be directed to the Director of Community Planning at the County of Oxford, 21 Reeve St., P.O. Box 1614, Woodstock, ON N4S 7Y3 or at 519-539-9800 (ext.3207).

Pursuant to Sec.1.0.1 of the *Planning Act*, and in accordance with Sec.32(e) of the *Municipal Freedom of Information and Protection of Privacy Act*, it is the policy of the County of Oxford to make all planning applications and supporting material available to the public.

OWNER AUTHORIZATION

If the applicant is not the owner of the land that is the subject of this application, written authorization from the owner is required, in order for the applicant to submit the application on the owner's behalf. A signed authorization must be included with the application, or the authorization set out below must be completed. **NOTE: All persons on title must be listed on, and sign, the authorization form.**

(See Item 4 in the Zone Change Application Guide.)

Authorization of Owner(s) for Applicant/Agent to Make the Application			
I/We,	of		
	(name of owner(s)/signing authority)	(company, if applicable)	
am/are the ov	vner(s) of the land that is the subject of this/these app	olication(s), and I/We hereby authorize	
	of	,	
	(name of applicant)	(company, if applicable)	
to make this/these development application(s) on my/our behalf.			
 Date	Signature of Owner(s)	Signature of Owner(s)	

PLANS REQUIRED IT WILL BE NECESSARY TO SUBMIT PRELIMINARY SITE PLANS FOR THE DEVELOPMENT AT THE TIME OF THE FILING OF THIS APPLICATION.

Minimum requirements will be a sketch showing the following:

- i. The boundaries and dimensions of the subject land.
- ii. The location, size and type of all existing and proposed buildings and structures on the subject land, indicating the distance of the buildings or structures form the front yard lot line, rear yard lot line and the side yard lot lines.
- iii. The approximate location of all natural and artificial features on the subject land and on land that is adjacent to the subject land that, in the opinion of the applicant, may affect the application. Examples include buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded areas, wells and septic tanks.
- iv. The current uses on land that is adjacent to the subject land.
- v. 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 right-of-way.
- vi. If access to the subject land is by water only, the location of the parking and docking facilities to be used.
- vii. The location and nature of any easement affecting the subject land.
- viii. That the applicant shall provide a site plan prepared by an Ontario Land Surveyor with the application confirming MDS measurements.

FOR OFFICE USE ONLY	
Name of Owner	Address
Name of Agent	Address
Date of receipt of completed application	Checked by
Zoning By-law No.	Passed
As amended by By-law No.	Passed
Sections	Zone
Official Plan Designation	
Agricultural Land Use Classification in Canada: Land Inventory	
Site visit carried out by staff or committee member:	YES NO
Authorization of owner received (if required)	YES NO
Conformity with the Agricultural Code of Practice (if applicable)	YES NO
Committee File No	Committee Submission No.
Hearing Date	Adjourned Hearing Date
General Comments	