



TOWNSHIP OF ZORRA

274620 27th Line P.O. Box 306
 Ingersoll, ON N5C 3K5
 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 Adjustment for the *Township of Zorra* 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 comply 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):

DIMENSIONS OF LAND affected:

Frontage:

Depth:

Area:

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ACCESS – Access to the subject land is by:

Municipal road – seasonal

Right-of-way

Municipal road – year round

Water

Other public road (specify)

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EXISTING USES of the subject land:

LENGTH OF TIME the existing uses of the subject land have continued:

EXISTING BUILDINGS – STRUCTURES - Where there are any 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 land:

PROPOSED BUILDINGS – STRUCTURES - Where any buildings or structures are proposed to be built on the subject land, 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:	Dimensions:
	Side lot line setback:	Floor Area:
	Side lot line setback:	

Attach additional page if necessary

DATE - Subject land was acquired by current owner on:

WATER is provided to the subject land by:

<input type="checkbox"/> Publicly-owned/operated piped water system	<input type="checkbox"/> Lake or other water body
<input type="checkbox"/> Privately-owned/operate individual well	<input type="checkbox"/> Other means (specify).....
<input type="checkbox"/> Privately owned/operated communal well	

SEWAGE DISPOSAL is provided to the subject land by:

<input type="checkbox"/> Privately-owned/operated individual septic system	<input type="checkbox"/> Publicly-owned/operated communal septic system
<input type="checkbox"/> Privy	<input type="checkbox"/> Other means (specify).....

STORM DRAINAGE is provided to the subject land by:

<input type="checkbox"/> Sewers	<input type="checkbox"/> Ditches	<input type="checkbox"/> Swales	<input type="checkbox"/> Municipal Drain (Name of Drain).....
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OTHER APPLICATIONS – if known, indicate if the subject land is the subject of an application under the Act for:

- Approval of a plan of subdivision (under section 51) File #..... Status.....
- Consent (under section 53) File #..... Status.....
- Previous application (under section 45) File #..... Status.....

If the decision of this application is appealed by a third party, I _____,
(owner/applicant name – please print)
agree to support the application, provide assistance in the preparation and presentation of the application before the Local Planning Appeal Tribunal and pay all of the Township's legal costs associated with the Tribunal hearing.

 (signature of owner / applicant)

DECLARATION OF APPLICANT

I, _____ of the _____ of _____
 _____ In the _____ of _____

Solemnly declare that:

All the statements contained in this application and provided by me are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as it made under oath.

DECLARED before me at the _____
 of _____
 in the _____ of _____
 this _____ day of _____ 20_____

Signature of Applicant

Signature of Applicant

Signature of commissioner, etc.

This application must be accompanied by a fee of **\$600.00 (\$650.00 with Minimum Distance Separation variance), plus a \$100.00 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 owner(s) of the land that is the subject of this/these application(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 from 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 <input type="checkbox"/> NO <input type="checkbox"/>
Authorization of owner received (if required)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Conformity with the Agricultural Code of Practice (if applicable)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Committee File No	Committee Submission No.
Hearing Date	Adjourned Hearing Date
General Comments	