

**THE TOWNSHIP OF MCGARRY
MINOR VARIANCE APPLICATION FORM
FOR APPLYING FOR APPROVAL UNDER SECTION 45 OF THE PLANNING ACT**

CONCURRENT APPLICATIONS FILED
Note to Applicant: For each application that is filed concurrently, complete and attach the appropriate application form and fees
<input type="checkbox"/> Zoning By-law Amendment <input type="checkbox"/> Consent to Sever <input type="checkbox"/> Site Plan Control <input type="checkbox"/> Other (Specify): _____

OFFICE USE ONLY
Date Stamp – Date Received
FOR REFERENCE PURPOSES

REQUIREMENTS FOR A COMPLETE APPLICATION INCLUDE:

Note: Until the Township of McGarry has received the information and material requested herein (as required under Ontario Regulation 200/96), **the application will be deemed incomplete and the application will be returned to the applicant.**

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|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | The completed application form and declarations as required under Ontario Regulation 200/96. |
| <input type="checkbox"/> | 1 copy of sketch/plan, in metric units, showing EXISTING and PROPOSED building(s) and structure(s) on subject lands. Sketch/plan must include the following: <ul style="list-style-type: none"> ○ The boundaries and dimensions of the subject land; ○ The location, size and type of all existing and proposed buildings and structures on the subject land, indicating their distance from the front lot line, rear lot line and side lot lines as well as their heights, building dimensions and floor areas; ○ The approximate location of all natural and artificial features (for example, buildings, railways, roads, watercourses, drainage ditches, banks of rivers or streams, wetlands, wooded areas, wells and septic tanks) that: <ul style="list-style-type: none"> - are located on the subject <u>and</u> adjacent lands; and - in the applicant's opinion, may affect the application; ○ The location, width and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public traveled road, a private road or a right of way; ○ If access to the subject land is by water only, the location of the parking and docking facilities to be used. ○ The location and nature of any easement or restrictive covenant affecting the subject land. |
| <input type="checkbox"/> | A public consultation strategy. |
| <input type="checkbox"/> | Application Fee(s) made payable to the Corporation of the Township of McGarry. |
| <input type="checkbox"/> | A Letter of Authorization from the Owner (with dated, original signature) OR completion of the Owner's Authorization on page 5 (item 14), if the Owner is not filing the application. |
| <input type="checkbox"/> | Other information identified at the pre-application consultation meeting. |

PLEASE LIST ANY REPORTS OR STUDIES THAT ACCOMPANY THIS APPLICATION (supply two copies of each):

THIS APPLICATION PACKAGE MUST BE SUBMITTED TO:	
Township of McGarry	Telephone: 705-634-2145
PO Box 99, 27 Webster Street, Virginiatown, Ontario P0K 1X0	Facsimile: 705-634-2700

PLEASE REFER TO ONTARIO REGULATION 200/96 FOR ITEM REFERENCES 1 THROUGH 13

1. a) Applicant Information

Complete the information below. All communication will be directed to the **Primary Contact** with a copy of to the Owner.

Registered Owner(s):

Name:	
Address:	
City: Province:	Postal Code:
Phone:	Alternate Phone:
Fax:	Email:

Applicant (complete if the Applicant is not the Owner):

Name:	
Address:	
City: Province:	Postal Code:
Phone:	Alternate Phone:
Fax:	Email:

Agent Authorized by the Owner to file the Application (if applicable):

Name:	
Address:	
City: Province:	Postal Code:
Phone:	Alternate Phone:
Fax:	Email:

1. b)	Which of the above is the Primary Contact?	Owner	Applicant	Agent
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2. Official Plan Designation

Current Official Plan designation:

3.	Zoning Information
Current Zoning:	
What is the nature and extent of the relief from the Zoning By-law?	
What is the reason the proposed use cannot comply with the provisions of the Zoning By -law?	

4.	Legal Description
Geographic Township / Planning Area:	
Lot(s):	Parcel(s):
Mining Claim(s):	Registered Plan Number:
Municipal Street Address (if applicable):	
Assessment Roll Number:	

5.	Land Description	
Frontage (m):	Depth (m):	Area (m ² or ha):
5. b) Existing use(s) of the property:		
5. c) The date the subject land was acquired:		
5. d) The type and number of existing buildings/structures:		
5. e) Use of existing buildings/structures (specify):		
5. f) The date any existing buildings or structures on the subject land were constructed:		
5. g) The length of time that the existing uses of the subject land have continued:		
5. h) The previous use(s) of the subject land:		
5. i) The type and number of proposed buildings/structures:		
5. j) The proposed use of subject land:		

6.	Access				
<input type="checkbox"/>	Private Street (not usually permitted)	<input type="checkbox"/>	Provincial Highway	<input type="checkbox"/>	Water
<input type="checkbox"/>	Right of Way (not permitted)	<input type="checkbox"/>	Assumed Municipal Street	<input type="checkbox"/>	Other (Specify)
<p>If by water, please list the parking and docking facilities used or proposed to be used as well as the approximate distance from the subject lands and the nearest public road.</p>					

7.	Water Supply
Water supply on the subject lands shall be provided by:	
<input type="checkbox"/>	Municipal piped water
<input type="checkbox"/>	Other (specify)

8.	Sewage Disposal		
Sewage disposal on the subject lands shall be provided by:			
<input type="checkbox"/>	Privately owned individual septic system for each lot		
<input type="checkbox"/>	Privately owned communal collection	<input type="checkbox"/>	Other (specify)
<p>If the application would permit development on privately owned and operated individual or communal septic systems, and more than 4,500 litres of effluent produced per day as a result of the development being completed, a <i>service options report</i> and a <i>hydrogeological report</i> is required.</p>			

9.	Storm Drainage		
Storm drainage on the subject property will be provided by:			
<input type="checkbox"/>	Ditches or Swales	<input type="checkbox"/>	Other (specify)

10.	Other Applications Under the Planning Act
Has the property ever been subject to an application under the Act? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If the answer to Section 13 was 'yes', please indicate the file number and status of the application.	

11. Owner's Authorization

This must be completed by the Owner if the OWNER IS NOT FILING THE APPLICATION.

Note: If there are multiple Owners, an authorization letter from each Owner (with dated, original signature) is required OR each Owner must sign the following authorization.

I, (we) _____, being the
Print name(s) of Owner, individual or company

registered Owner(s) of the subject lands, hereby authorize _____
Print name of agent and/or company (if applicable)
to prepare and submit an Application for minor variance.

Signature

Day Month Year

Signature

Day Month Year

IMPORTANT:

If the Owner is an incorporated company, the company seal shall be applied in the signature block above.

12. Declaration

This must be completed by the person filing the application for the proposed minor variance and in the presence of a Commissioner of Oaths.

I, _____ of the _____ Town of Kirkland Lae _____
Print (name of applicant) Print (Name of City, Town, Township, etc.)

in the Region/County/District of _____ solemnly declare that all of the statements
Print Region/County/District

contained in this Application for minor variance at _____,
(description of subject land)

and all supporting documents and plans are true and complete, and I 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*.

Declared before me at the Region/County/District of
Timiskaming,

in the Municipality of The Township of McGarry, this

____ day of _____, _____
(Day) (Month) (Year)

Signature

Please Print name of Applicant

Commissioner of Oaths

13. Municipal Freedom of Information Declaration

In accordance with the provisions of the Planning Act, it is the policy of the Town Planning Department to provide public access to all development applications and supporting documentation.

In submitting this development application and supporting documentation, I(we) _____
(please print name) the Owner/applicant/authorized agent, hereby acknowledge the above-noted policy and provide my/our consent, in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, that the information on this application and any supporting documentat ion provided by myself, my agents, consultants and solicitors, will be part of the public record and will also be available to the general public.

Signature Day Month Year

Signature Day Month Year

OWNER/A PPLICANT'S INFORMATION: (Mandatory, please print)

Name: _____ Mailing Address: _____
Telephone No. _____
E-mail Address: _____
Fax No. _____