



Town of Georgina
 R.R.#2, 26557 Civic Centre Rd.,
 Keswick, Ontario
 L4P 3G1

Telephone: (905) 476-4301

Fax: (905) 476-1475

COMMITTEE OF ADJUSTMENT MINOR VARIANCE APPLICATION GUIDE

APPLICATION FEE:	\$500.00
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INFORMATION REQUIRED:

ALL the questions on the application form must be answered. If the form is incomplete or inaccurate, the application will be returned for completion, correction or clarification prior to processing.

A detailed and accurate site plan must accompany each application submitted on a 8 ½ X 11 paper. The site plan must show the dimensions of the subject land and abutting lands and the location, size and type of all structures located thereon. A survey or letter prepared by an Ontario Land Surveyor may be required due to the importance of accurate dimensions. Each applicant should discuss their proposal with the Planning Division **prior** to completing the application in order to determine the Sections of the Zoning By-law they require relief from. **The Planner's signature is required on Page 3 of this form before submission and each applicant should call the Planner to book an appointment.**

Applications must be submitted in person.

**NOTE: INFORMATION MUST BE IN DARK PEN.
 MEASUREMENTS MUST BE IN METRIC ON THE SITE PLAN & APPLICATION.
 SITE PLAN MUST BE ON 8 ½ X 11 PAPER.**

**CONTACT PERSON(S): Fernando Lamanna extension 267
 Kathleen Foster extension 248**

THE FOLLOWING MUST BE ENCLOSED	
1. SURVEY OR SITE PLAN WITH MEASUREMENTS IN METRIC	
2. APPLICABLE FEE	
3. PLANNER'S INITIALS	
NOTE: TAXES MUST BE PAID UP TO DATE	

TOWN OF GEORGINA MINOR VARIANCE APPLICATION

1. APPLICANT INFORMATION



APPLICATION #P41_____

DATE APPLICATION SUBMITTED: MM_____ DD_____ YY_____

TITLE	NAME & ADDRESS	TELEPHONE #
Registered Owner (When registered owner is a numbered company, please provide name company is operating under)		Home:
		Business:
	POSTAL CODE	Fax:
Agent or Solicitor		Home:
		Business:
	POSTAL CODE	Fax:
Mortgagor, Holder of Charges or other Encumbrances		Business:
	POSTAL CODE	

2. SERVICES

Are there municipal services available? Please ✓ the appropriate box.

a) **MUNICIPAL**

	Yes	No		Yes	No
Water	<input type="checkbox"/>	<input type="checkbox"/>	Connected	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary Sewers	<input type="checkbox"/>	<input type="checkbox"/>	Connected	<input type="checkbox"/>	<input type="checkbox"/>
Storm Sewers	<input type="checkbox"/>	<input type="checkbox"/>			

b) **PRIVATE WELL:**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

c) **SEPTIC SYSTEM:**

<input type="checkbox"/>	<input type="checkbox"/>
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3. PROPERTY INFORMATION

ROLL #	LEGAL DESCRIPTION			MUNICIPAL ADDRESS
	<i>LOT #</i>	<i>CONC. #</i>	<i>REG. PLAN #</i>	
	↘ DATE PROPERTY ACQUIRED ↘			
	MM:	DD:	YR:	

Current Designation of the Subject Land in the O.P.		PLANNER'S SIGNATURE
Current Zoning of the Subject Land & Corresponding Map#		PLANNER'S SIGNATURE
Zoning:	Map #	
Existing use:		Date such use commenced

4. NATURE & EXTENT OF RELIEF APPLIED FOR

RELIEF FROM SECTIONS				PLANNER'S SIGNATURE
1.	2.	3.	4.	
PROVIDE DETAILS OF THE NATURE & EXTENT OF THE ABOVE RELIEF(S)				
1.				
2.				
3.				
4.				
Why is it not possible to comply with the provisions of the Zoning by-law?				

5. DIMENSIONS OF LANDS AFFECTED
MUST BE IN METRIC

The applicant shall attach to this application a plan showing the dimensions of the subject lands and of all abutting lands and showing the location, size and type of all buildings and structures on the subject land and abutting lands. As well as the location of any easements affecting the subject land.

Frontage	Depth	Area	Width of Street
METRES	METRES	SQ. METRES	METRES

➤ Existing use of adjacent properties: _____

➤ If there is an easement affecting the subject land indicate the nature of the easement.

➤ Has the property previously been subject to relief through a Minor Variance application?

YES

NO

➤ If the answer is **YES**, please describe briefly in the space provided below:

➤ Are the said lands subject to an application under the Planning Act for approval of a Plan of Subdivision or Consent?

YES

NO

If **YES**, please indicate type of application, file no. and status if known.

6. PARTICULARS OF ALL EXISTING BUILDINGS/STRUCTURES ON SUBJECT LAND

☞ Particulars of ☞ **ALL BUILDINGS AND STRUCTURES** ☞ ON the subject lands: (Specify ground floor area, number of storeys, width, length, height, etc.).

➔ MUST BE IN METRIC ➔

Particulars	ALL EXISTING BUILDINGS ON PROPERTY INCLUDES HOUSE, GARAGE, SHEDS, POOL ETC.							
Type of Building	1.		2.		3.		4.	
Building Height	METRES		METRES		METRES		METRES	
Building Width	METRES		METRES		METRES		METRES	
Building Length	METRES		METRES		METRES		METRES	
Ground Floor area	SQ. METRES		SQ. METRES		SQ. METRES		SQ. METRES	
No. of Storeys								
Date Constructed								
Set Backs	Front Lot Line	Rear Lot Line	Front Lot Line	Rear Lot Line	Front Lot Line	Rear Lot Line	Front Lot Line	Rear Lot Line
	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line

6. PARTICULARS OF ALL PROPOSED BUILDINGS/STRUCTURES ON SUBJECT LAND

→ MUST BE IN METRIC ←

Particulars	PROPOSED BUILDINGS, ADDITIONS ETC.							
Type of Building	1.		2.		3.		4.	
Building Height	METRES		METRES		METRES		METRES	
Building Width	METRES		METRES		METRES		METRES	
Building Length	METRES		METRES		METRES		METRES	
Ground Floor area	SQ. METRES		SQ. METRES		SQ. METRES		SQ. METRES	
No. of Storeys								
Date Constructed								
Set Backs	Front Lot Line	Rear Lot Line	Front Lot Line	Rear Lot Line	Front Lot Line	Rear Lot Line	Front Lot Line	Rear Lot Line
	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line

ACCESS TO SUBJECT LAND Please <input checked="" type="checkbox"/> one	Provincial Highway <input type="checkbox"/>	Municipal Road <input type="checkbox"/>	Regional Road <input type="checkbox"/>
	Private Road <input type="checkbox"/>	Right of Way <input type="checkbox"/>	Other: (Specify) _____ <input type="checkbox"/>
MAINTAINED: Please <input checked="" type="checkbox"/> one		All Year <input type="checkbox"/>	Seasonally <input type="checkbox"/>

DECLARATION

I, _____, of the _____
(your name, please print) (city or town)

of _____ in the County/Regional Municipality of _____
(name of city or town)

solemnly declare that all the statements contained in this application 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 if made under oath and by virtue of ***The Ontario Evidence Act.***

DECLARED BEFORE ME

AT THE _____
(city or town)

OF _____
(name of city or town)

IN THE COUNTY/REGIONAL MUNICIPALITY OF

THIS _____ **DAY OF** _____, **20** _____

Commissioner of Oaths

**Signature of Owner, Solicitor or
Authorized Agent**
(Corporate Seal if applicable)

AUTHORIZATION OF OWNER

If this application is to be submitted by a Solicitor or Agent on behalf of the Owner(s), this form must be completed and signed by the owner(s). If the Owner is a Corporation acting without agent or solicitor, the application must be signed by an Officer of the Corporation and the Corporation's seal (if any) must be affixed.

OWNER(S) NOTE: *If the application is to be prepared by a Solicitor or Agent, authorization should not be given until the application and its attachments have been examined and approved by you.*

I/We,

PLEASE PRINT NAME	PLEASE PRINT NAME

Hereby Authorize

(PRINT FULL NAME OF SOLICITOR OR AGENT)

to submit the enclosed application to the Secretary-Treasurer of the Committee of Adjustment, to appear on my behalf at the hearing(s) of the application and to provide any information or material required by the Committee relevant to the application.

DATED AT THE _____ OF _____
(city or town) (name of city or town)

IN THE COUNTY/REGIONAL MUNICIPALITY OF _____

THIS _____ DATE OF _____, 20____

Signature of Owner(s) _____

(Corporate Seal if applicable)

AFFIDAVIT

IN THE MATTER OF THE REQUIRED SIGN TO BE POSTED ON THE SUBJECT PROPERTY TO MEET THE NOTICE REQUIREMENTS OF THE ONTARIO PLANNING ACT:

I, _____, of the _____ of _____
(your name, please print) (city or town) (name of city or town)

in the County/Regional Municipality of _____ being the _____
(applicant/authorized agent)

having made application(s) to the **Committee of Adjustment of The Corporation of the Town of Georgina.**

For the property located at _____
(Address of the subject property)

MAKE OATH AND SAY AS FOLLOWS:

I hereby declare that I will post the required sign(s) on the subject property in a location clearly visible and legible from the street a minimum of 15 days prior to the hearing date.

Included on the face of the sign is the following information:

1. Application Number
2. Location of the property
3. Date, Time and Location of the Hearing

SWORN BEFORE ME

AT THE _____
(city or town)

OF _____
(name of city or town)

IN THE COUNTY/REGIONAL MUNICIPALITY OF

THIS _____ **DAY OF** _____, 20____

Commissioner of Oaths

**Signature of Owner, Solicitor or
Authorized Agent**