



APPLICATION FOR MINOR VARIANCE
THE MUNICIPALITY OF CLARINGTON
PLANNING SERVICES DEPARTMENT

FOR MUNICIPALITY OF CLARINGTON USE ONLY:

DATE RECEIVED:	
RECEIVED BY:	
FILE NO.:	
HEARING DATE:	
APPEAL DATE:	

The undersigned hereby applies to the Committee of Adjustment for the Municipality of Clarington pursuant to Section 45 of the Planning Act R.S.O., 1990, for relief, as described in this Application, from By-law No. 84-63 (as amended).

YOU WILL BE PROVIDED WITH A SIGN, WHICH YOU ARE REQUIRED TO POST A MINIMUM OF 10 DAYS IN ADVANCE OF YOUR MEETING DATE

1 OWNER/AGENT

	REGISTERED OWNER	AGENT
Contact Name:		
Company:		
Mailing Address:		
Phone:	()	()
Fax:	()	()

2 NAMES, ADDRESSES OF MORTGAGEES, ENCUMBRANCES, ETC.

3 MINOR VARIANCE APPLIED FOR



4 WHY BY-LAW CANNOT BE MET

5 PRESENT USE OF PROPERTY

6 PROPERTY DESCRIPTION

Municipal Address:		
Lot:	Concession:	Township:
Legal Description:		
Dimensions: Frontage:	Depth:	Area:
Date Property Acquired:		
Are there any easements or restrictive covenants affecting the subject or retained lands? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please describe: _____		

7 EXISTING/PROPOSED USES AND STRUCTURES

	EXISTING			PROPOSED
	Bldg. 1	Bldg. 2	Bldg. 3	
Uses				
Structure (as shown on site plan)				
Date Uses/Structures Commenced				
Setbacks – Front				
Setbacks – Rear				
Setbacks – Side				
Setbacks – Side				
Floor Area				
Building Height				



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8 ABUTTING USES

NORTH	
SOUTH	
EAST	
WEST	

9 PLANNING INFORMATION

DURHAM REGION OFFICIAL PLAN DESIGNATION	LOCAL OFFICIAL PLAN DESIGNATION	PRESENT ZONING

10 EXISTING CONNECTED SERVICES

<input type="checkbox"/> Municipal Services	<input type="checkbox"/> Municipal Water	<input type="checkbox"/> Storm Sewer
<input type="checkbox"/> Septic System	<input type="checkbox"/> Wells	<input type="checkbox"/> Ditches / Swales

11 ACCESS

Access to Property is by:		
a. Unopened Road Allowance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Opened Municipal Road	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Regional Road	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Provincial Highway	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Right-of-way	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Road(s) _____		

12 AGRICULTURAL SETBACK

Are there one or more livestock barns or manure storage facilities located within 500 metres (1640 feet) of the boundary of the subject lands? Yes No

If **Yes**, please contact the Planning Services Department for a “**DATA SHEET – MDS**”, and return it with your application.



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13 OTHER APPLICATIONS

Previous application to Committee of Adjustment Yes No

Current application to Land Division Committee Yes No

If **Yes**, date of application _____ File No.: _____

Describe application: _____

14 AFFIDAVIT

AFFIDAVIT

I, _____

of the _____

in the Regional Municipality/City of _____

solemnly declare that all the above statements contained within 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 Canada Evidence Act".

Declared before me at the _____

in the Regional Municipality/City of _____

this _____ day of _____

Commissioner of Oaths

Signature of Applicant

15 OWNER'S AUTHORIZATION

If multiple owners, authorization letter from each owner is required.

AUTHORIZATION OF OWNER	
I, _____ being the registered owner of the land that is the subject of this planning document hereby authorize _____ to (type or print name of agent) prepare and submit this application for approval.	
_____	_____
Date	Signature of Owner

16 CONSENT OF OWNER

16.1 Complete the consent of the owner concerning personal information set out below (or the written authorization of each owner in the case of shared ownership).

CONSENT OF THE OWNER TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION	
I, _____	
am the registered owner of the land that is the subject of this application for approval of this planning document and, for the purpose of the Freedom of Information and Protection of Privacy Act , I authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Planning Act for the purposes of processing this application. I also agree to allow the Municipality, its employees and agents and any circulated agency staff to enter upon the subject property for the purposes of conducting survey, inspection and tests that may be necessary to this application.	
_____	_____
Date	Signature of Owner

16.2 In the event that this application for Minor Variance is appealed to the Ontario Municipal Board by a third party, the Owner agrees to assume 100% of the financial responsibility for the Municipality of Clarington legal fees and professional consultant fees to defend the decision of Council.

Date

Signature of Owner

IMPORTANT NOTES

THIS APPLICATION WILL NOT BE ACCEPTED OR PROCESSED UNLESS:

1. All applicable sections of application form are completed.
2. Two (2) copies of plans and/or drawings, 8 ½" X 14", are attached. The plan and/or drawings must show the location, size, and type of all buildings and structures, and the Committee of Adjustment may require such plan or drawing to be signed by an Ontario Land Surveyor.
3. A **non-refundable** application fee (see Fee Schedule) in cheque/cash or money order made payable to the Corporation of the Municipality of Clarington is enclosed. A fee will be charged to have the application commissioned by Municipal staff.
4. Illustrate on the attached page, the location of your property and directions on how to get there.
5. The applicant is required to produce and provide alternate formats of all plans, drawings and reports, if necessary, in a timely manner at no additional cost, as per the *Accessibility for Ontarians with Disability Act 2005, Ont. Reg. 429/07.*

APPLICATION PACKAGE MUST BE SUBMITTED TO:

Planning Services Department
Municipality of Clarington
40 Temperance Street
Bowmanville, Ontario L1C 3A6
Phone: (905) 623-3379 Toll Free: 1-800-563-1195
Fax: (905) 623-0830

PLEASE IDENTIFY EXACT LOCATION OF PROPERTY AND PROVIDE DIRECTIONS TO ENABLE MEMBERS OF THE COMMITTEE TO CARRY OUT SITE INSPECTION.



COMMITTEE OF ADJUSTMENT

Example Site Plan: This example site plan has been prepared to assist you in the preparation of your own site plan, and also, as a guide to the dimensions required to evaluate your request for a minor variance(s). If your property is serviced by private well and septic system, please place the location of well, septic tank and tile bed on the drawing. Any existing structures located on the property need to be shown on the drawing.

