

Application for Minor Variance

The Municipality of Clarington Planning Services Department

Date Received:						
Received By:						
File Number:						
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:		
Postal Code		
Email Address		
Phone:		

2. Describe nature and extent of the minor variance(s) being applied for, including the appropriate sections of the Zoning By-law:

Describe Regulation of the	Proposed	Variance	Applicable Section	
Zoning By-law to be varied	FROM:	TO:	of the Zoning By-law	
Example: Interior Side Yard Setback	1.2 m	1 m	12.2 d. iii) a)	



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3 Names, Addresses	of Mortga	agees, End	cumbrances	s, Etc.	
4. Why By-Law Canno	ot Be Met				
5. Present Use of Pro	perty				
6. Property Description	n				
Municipal Address:					
Lot:		Concess	ion:		Township:
Legal Description:					
Dimensions: Frontage	:	Depth:			Area:
Date Property Acquired	d:				
7. Existing/Proposed	Uses and	Structure 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 Officia Designat		Pr	esent Zoning	
10	Existing Connected Services					
. •	Municipal Services	Municipal Wat	er	Storm	Sewer	
	Septic System	☐ Wells		Ditche	es / Swales	
11	Access					
	Access to Property is by:					
	a. Unopened Road Allowanc	e	☐ Yes		☐ No	
	b. Opened Municipal Road		☐ Yes		☐ No	
	c. Regional Road		☐ Yes		☐ No	
	d. Provincial Highway		☐ Yes		☐ No	
	e. Right-of-way		☐ Yes		☐ No	
	f. Other		☐ Yes		☐ No	
	Name of Road(s)			L		
12	Agricultural Setback					
	Are there one or more livestoo (1640 feet) of the boundary of		· · ·	lities locate es	ed within 500 metres	
	If Yes , please contact the Planning Services Department for a " Data Sheet – MDS " and return it with your application.					
13	Other Applications					
_	Previous application to Comm	nittee of Adjustment		☐ Yes	☐ No	
	Current application to Land D	ivision Committee		☐ Yes	☐ No	



	If Yes , date of applicationFile No
	Describe application:
14	
	Affidavit
	l,
	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



15.0	Owner's Autho	prization							
	If multiple own	ers, authorization letter from each owner is required.							
	Authorization of Owner								
	I,being the registered owner of the land that is								
	subject of this	planning document hereby authorizeto (type or print name of agent)							
	prepare and su	ubmit this application for approval.							
	Date	Signature of Owner							
	Consent of Ow								
16.1	•	e consent of the owner concerning personal information set out below (or the rization of each owner in the case of shared ownership).							
		nt of the Owner to the Use and Disclosure of Personal Information							
	planning doct of Privacy A public body Planning Ac Municipality, subject prope	ered owner of the land that is the subject of this application for approval of this ument and, for the purpose of the Freedom of Information and Protection ct , I authorize and consent to the use by or the disclosure to any person or of any personal information that is collected under the authority of the t for the purposes of processing this application. I also agree to allow the erty for the purposes of conducting survey, inspection and tests that may be this application.							
	Date	Signature of Owner							
16.2	Appeal Tribur responsibility	that this application for Minor Variance is appealed to the Local Planning nal (LPAT) by a third party, the Owner agrees to assume 100% of the financial for the Municipality of Clarington legal fees and professional consultant fees decision of Council.							
	Date	Signature of Owner							





NORTH	Please Identify Exact Location of Property and Provide Directions to Enable Members of The Committee To Carry Out Site Inspection.			
NORTH				
		NORTH		



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.

