

To be Completed by Municipality

Application Number: \_\_\_\_\_ Application Received (date): \_\_\_\_\_

Fee of \$ \_\_\_\_\_ Received by Municipality (date): \_\_\_\_\_

Pre-consultation File No.: \_\_\_\_\_

Deemed to be a "COMPLETE" application by the Municipality (Date): \_\_\_\_\_



**Application for Minor Variance**

Township of Laurentian Valley

460 Witt Rd, Laurentian Valley, ON K8A 6W5

Phone 613-735-6291 Fax 613-735-5820 Email [info@lvtownship.ca](mailto:info@lvtownship.ca)

**Part I – General information**

**1. Are there concurrent applications for:**

Official Plan Amendment?  Yes  No

Zoning By-law Amendment?  Yes  No

Subdivision/ Condominium Approval?  Yes  No

Consent?  Yes  No

Site Plan Approval?  Yes  No

**2. Applicant Information**

Name:	
Mailing Address:	Email:
	Phone Number:

The applicant is:  the registered owner  an agent authorized by the owner

**If the applicant is an agent authorized by the owner(s), please complete the following:**

(The name and address of *all* property owners must be provided. Please attach a separate page if necessary)

Owner(s) Name(s):	
Mailing Address:	Email:
	Phone Number:

To whom should the correspondence be sent?  Owner  Applicant  or Both

**3. Provide a Description of the Subject Land:**

Street Address:		
Geographic Township:		Concession:
Lot:	Registered Plan:	Block or lot within plan:
Reference Plan:		Part Numbers:

**4. Current Designation of the subject land in the Official Plan (If any):**

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**5. Current zoning of the subject land:**

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**Part II – Details of the Application**

**6. Please state the nature and extent of the relief from the Zoning By-law requested:**

**7. What is the reason why the proposed use cannot comply with the provisions of the Zoning By-law?**

**8. Dimensions of the subject land:**

Frontage: \_\_\_\_\_ Depth: \_\_\_\_\_ Area: \_\_\_\_\_

**9. Please mark below the access to the subject land:**

<input type="checkbox"/> Provincial Highway	<input type="checkbox"/> Right of Way
<input type="checkbox"/> Municipal Road Maintained Seasonally	<input type="checkbox"/> Municipal Road Maintained Year-Round
<input type="checkbox"/> Water	<input type="checkbox"/> Other:

**10. If the only access is by water, please state below the parking and docking facilities that are to be used, and the distance of these facilities from the subject land and from the nearest public road:**

**11. When was the subject land acquired by the current owner?**

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**12. What are the existing uses of the subject land and how long have they continued?**

#1 \_\_\_\_\_ Since (year): \_\_\_\_\_

#2 \_\_\_\_\_ Since (year): \_\_\_\_\_

**13. Are there any buildings or structures on the subject land?**       Yes       No

**14. What are the “proposed” uses of the subject land?**

**15. Will any buildings or structures be built on the subject land?**       Yes       No

**16. Provide the following details for all existing or proposed buildings or structures on the subject land (Use a separate page if necessary):**

	Existing			Proposed	
Type of building or structure					
Setback from the front lot line					
Setback from the rear lot line					
Setbacks from the side lot lines					
Height (in metres)					
Dimensions or floor area					
Date constructed, if known					

**17. Indicate how water is supplied and how sewage disposal is provided to the subject land:**

Water	Sewage
<input type="checkbox"/> Publicly owned and operated piped water system	<input type="checkbox"/> Publicly owned and operated piped sanitary sewage system
<input type="checkbox"/> Privately owned and operated individual well	<input type="checkbox"/> Publicly owned and operated communal septic system
<input type="checkbox"/> Privately owned and operated communal well	<input type="checkbox"/> Privately owned and operated individual septic system
<input type="checkbox"/> Lake or other water body	<input type="checkbox"/> Privy
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

**18. How is storm drainage provided?**

- Sewers                     
  Ditches                     
  Swales                     
  Other means

**19. Is the subject land also the subject of an application for approval of a plan of subdivision or consent?**

- Yes                     
  No                     
  Don't know

If yes, please state, if known, the file number and the status of the application:

File Number: \_\_\_\_\_ Status: \_\_\_\_\_

**20. Has the subject land ever been the subject of an application under section 45 of the Planning Act? (ie. Previous Minor Variance application)**

Yes       No       Don't know

**21. Application Sketch**

On a separate page(s), please provide a sketch with the following details:

- Boundaries and the dimensions of the subject land for which the amendment is being sought.
- The location, size, and type of all existing and proposed buildings and structures, indicating the distances from the front yard lot line, rear yard lot line, and the side yard lot lines.
- 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.
- The current uses on land that is adjacent to the subject land.
- 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 a right of way.
- The location and nature of any easement affecting the subject land.
- Applicant's Name
- Date of Sketch
- The scale to which the sketch is drafted (e.g., 1cm = 50m)
- North Arrow
- The locations and dimensions of off-street parking spaces and off-street loading facilities
- Planting strips and landscaped areas
- Buildings to be demolished.



**Part III – Authorization of Owner for Agent to Make the Application:**

(If Affidavit (Part IV) is signed by an Agent on Owner’s behalf, the Owner’s written authorization below must be completed)

I (we), \_\_\_\_\_ of the  
Township/City/Town of \_\_\_\_\_ in the County/District of \_\_\_\_\_  
do hereby authorize \_\_\_\_\_  
to act as my (our) agent in this application.

\_\_\_\_\_  
Signature of Owner(s) Date

\_\_\_\_\_  
Signature of Owner(s) Date

**Part IV – Consent to the Owner to the Use and Disclosure of Personal Information and to Allow Site Visits to be Conducted**

The owner must also complete the following or similar authorization attached to this application form:

I, \_\_\_\_\_ being the registered owner of the lands subject of this application and, for the purposes of the Municipal Freedom of Information and Protection of Privacy Act, I hereby 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 authorize and consent to representatives of the Committee of Adjustment, Township Staff and/or Township Consultants, and the persons and public bodies conferred with under Section 45 of the Planning Act and/or Section 3. of Ontario Regulation 200/96, whichever is applicable, entering upon the lands that are the subject of this application for the purposes of conducting any site inspections as may be necessary to assist in the evaluation of this application.

\_\_\_\_\_  
Signature of Owner(s) Date

\_\_\_\_\_  
Signature of Owner(s) Date

*Note: if more than one property owner, please attach a separate page if necessary*



**Part V – Affidavit**

(This affidavit must be signed in the presence of a commissioner)

I, (we) \_\_\_\_\_ of the \_\_\_\_\_  
of \_\_\_\_\_ in the County of Renfrew declare that all of the information required  
under Ontario Regulation 200/96, and the statements contained in this application are true, and I, (we),  
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 Township/City/Town of \_\_\_\_\_  
in the County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner(s) or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner(s) or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Commissioner

\_\_\_\_\_  
Date