

**Environment and Land Tribunals
Ontario**

Ontario Municipal Board

655 Bay Street, Suite 1500
Toronto ON M5G 1E5

Telephone: (416) 212-6349

Toll Free: 1-866-448-2248

Fax: (416) 326-5370

Website: www.elto.gov.on.ca

**Tribunaux de l'environnement et de
l'aménagement du territoire Ontario**

Commission des affaires municipales
de l'Ontario

655 rue Bay, suite 1500
Toronto ON M5G 1E5

Téléphone: (416) 212-6349

Sans Frais: 1-866-448-2248

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Instructions for preparing and submitting the Appellant Form (A1 pre-Bill 51)

- **Complete one form for each type of appeal you are filing.**
- **Please print clearly.**
- **A filing fee of \$125 is required for each type of appeal you are filing. To view the Fee Schedule, visit the Board's website.**
- **The filing fee must be paid by certified cheque or money order, in Canadian funds, payable to the Minister of Finance.**
- **If you are represented by a solicitor the filing fee may be paid by a solicitor's general or trust account cheque.**
- **Do not send cash.**
- **Professional representation is not required but please advise the Board if you retain a representative after the submission of this form.**
- **Submit your completed appeal form(s) and filing fee(s) by the filing deadline to either the Municipality or the Approval Authority as applicable.**
- **The Municipality/Approval Authority will forward your appeal(s) and fee(s) to the Ontario Municipal Board.**
- **The *Planning Act* and the *Ontario Municipal Board Act* are available on the Board's website.**



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**APPELLANT FORM (A1 pre-Bill 51)
PLANNING ACT**

**SUBMIT COMPLETED FORM
TO MUNICIPALITY/APPROVAL AUTHORITY**

Date Stamp - Appeal Received by Municipality

Receipt Number (OMB Office Use Only)

*****THIS FORM IS ONLY TO BE USED FOR APPEALS UNDER SUBSECTIONS 17(40), 22(7) AND 51(34) OF THE PLANNING ACT FOR APPLICATIONS THAT WERE SUBMITTED TO THE MUNICIPALITY BEFORE JANUARY 1, 2007. IF YOUR APPLICATION WAS SUBMITTED ON OR AFTER JANUARY 1, 2007 PLEASE USE THE A1 FORM.**

Part 1: Appeal Type (Please check only one box)

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Official Plan or Official Plan Amendment	<input type="checkbox"/> Failed to make a decision on the plan within 180 days	17(40)
	<input type="checkbox"/> Application for an amendment to the Official Plan – failed to make a decision on the application within 180 days	22(7)
	<input type="checkbox"/> Application for an amendment to the Official Plan – refused by the municipality	
Plan of Subdivision	<input type="checkbox"/> Failed to make a decision on the application within 180 days	51(34)

Part 2: Location Information

Address and/or Legal Description of property subject to the appeal:

Municipality/Upper Tier: _____

Part 3: Appellant Information

First Name: _____ Last Name: _____

Company Name or Association Name (Association must be incorporated – include copy of letter of incorporation)

Professional Title (if applicable): _____

E-mail Address: _____

By providing an e-mail address you agree to receive communications from the OMB by e-mail.

Daytime Telephone #: _____ Alternate Telephone #: _____

Fax #: _____

Mailing Address: _____

Street Address

Apt/Suite/Unit#

City/Town

Province

Country (if not Canada)

Postal Code

(continued...)

Signature of Appellant: _____ Date: _____
(Signature not required if the appeal is submitted by a law office)

Please note: You must notify the Ontario Municipal Board of any change of address or telephone number in writing. Please quote your OMB Reference Number(s) after they have been assigned.

Personal information requested on this form is collected under the provisions of the *Planning Act*, R.S.O. 1990, c. P. 13, as amended, and the *Ontario Municipal Board Act*, R.S.O. 1990, c. O. 28 as amended. After an appeal is filed, all information relating to this appeal may become available to the public.

Part 4: Representative Information (if applicable)

I hereby authorize the named company and/or individual(s) to represent me:

First Name: _____ Last Name: _____

Company Name: _____

Professional Title: _____

E-mail Address: _____

By providing an e-mail address you agree to receive communications from the OMB by e-mail.

Daytime Telephone #: _____ Alternate Telephone #: _____

Fax #: _____

Mailing Address: _____

Street Address

Apt/Suite/Unit#

City/Town

Province

Country (if not Canada)

Postal Code

Signature of Appellant: _____ Date: _____

Please note: If you are representing the appellant and are NOT a solicitor, please confirm that you have written authorization, as required by the Board's Rules of Practice and Procedure, to act on behalf of the appellant. Please confirm this by checking the box below.



I certify that I have written authorization from the appellant to act as a representative with respect to this appeal on his or her behalf and I understand that I may be asked to produce this authorization at any time.

Part 5: Language and Accessibility

Please choose preferred language: ☐ English ☐ French

We are committed to providing services as set out in the *Accessibility for Ontarians with Disabilities Act, 2005*. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.

Part 6: Appeal Specific Information

1. Provide specific information about what you are appealing. For example: Municipal File Number(s), Official Plan Number(s) or Subdivision Number(s):

(Please print)

2. Outline the nature of your appeal and the reasons for your appeal. Be specific and provide land-use planning reasons (for example: the specific provisions, sections and/or policies of the Official Plan or By-law which are the subject of your appeal - if applicable). **If more space is required, please continue in Part 9 or attach a separate page.

(Please print)

3. **DATE APPLICATION SUBMITTED TO MUNICIPALITY:** _____
(If application received on or after January 1, 2007 please use the A1 form.)

Part 7: Related Matters (if known)

Are there other appeals not yet filed with the Municipality?

YES

☐

NO

☐

Are there other planning matters related to this appeal?

YES

☐

NO

☐

If yes, please provide OMB Reference Number(s) and/or Municipal File Number(s) in the box below:

(Please print)

Part 8: Scheduling Information

How many days do you estimate are needed for hearing this appeal? ☐ half day ☐ 1 day ☐ 2 days ☐ 3 days
☐ 4 days ☐ 1 week ☐ More than 1 week – please specify number of days: _____

How many expert witnesses and other witnesses do you expect to have at the hearing providing evidence/testimony?

Describe expert witness(es)' area of expertise (For example: land use planner, architect, engineer, etc.):

Do you believe this matter would benefit from mediation?

YES

☐

NO

☐

(Mediation is generally scheduled only when all parties agree to participate)

Do you believe this matter would benefit from a prehearing conference?

YES

☐

NO

☐

If yes, why? _____

Part 9: Other Applicable Information **Attach a separate page if more space is required.

Part 10: Required Fee

Total Fee Submitted: \$ _____

Payment Method: ☐ Certified cheque ☐ Money Order ☐ Solicitor's general or trust account cheque

- The payment must be in Canadian funds, **payable to the Minister of Finance.**
- **Do not send cash.**
- **PLEASE ATTACH THE CERTIFIED CHEQUE/MONEY ORDER TO THE FRONT OF THIS FORM.**