



Environment and Land Tribunals Ontario  
**Ontario Municipal Board**  
 655 Bay Street, Suite 1500 Toronto, Ontario M5G 1E5  
 TEL: (416) 212-6349 or Toll Free: 1-866-448-2248  
 FAX: (416) 326-5370  
 www.elto.gov.on.ca

**MUNICIPAL SUBMISSION FORM (R3)  
 PLANNING ACT**

**MINOR VARIANCE**

Reference Number (OMB Office Use Only):

Material and information is to be forwarded to the Ontario Municipal Board by the Secretary-Treasurer under the following subsection of the *Planning Act*, R.S.O. 1990, c. P. 13, as amended. Please print clearly throughout the submission form.

**Part 1: Appeal Type**

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Minor Variance	<input type="checkbox"/> Appeal against a decision of the Committee of Adjustment to approve or refuse the application	45(12)

Municipality: \_\_\_\_\_ Municipal File Number: A- \_\_\_\_\_

Upper Tier: \_\_\_\_\_

**Part 2: Municipal Contact Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Professional Title \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ ext. \_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address

City/Town

Province

Postal Code

**Part 3: Location Information**

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

**Part 4: Related Matters**

(a) Is this variance appeal connected with a consent application? YES  NO

If yes, has a decision on the consent application been appealed to the Board? YES  NO

Consent submission: B- \_\_\_\_\_ O.M.B. File No.: \_\_\_\_\_

If the decision on the consent application has **not** been appealed to the Board, please enter the date on which the consent approval lapses: \_\_\_\_\_

(b) Other matters at municipality or Board or required to be filed?: \_\_\_\_\_

**Part 5: Minor Variance Information**

- 1. Variance from Zoning By-law Number: \_\_\_\_\_
- 2. Does the by-law seeking to be varied have conditions? YES  NO
- 3. **DATE APPLICATION SUBMITTED TO MUNICIPALITY:** \_\_\_\_\_

4. Give a brief outline of the purpose of the minor variance and the nature of the issues raised in the appeal(s):

**Part 6: Scheduling Information**

How many days do you estimate are needed for hearing this appeal? \_\_\_\_\_ Number of days  
 How many witnesses do you expect to have at the hearing? \_\_\_\_\_ Number of witnesses  
 Describe witness(es)' area of expertise. \_\_\_\_\_

- Do you believe this matter would benefit from mediation? YES  NO
- If yes, do you believe all parties would consent to participating in 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   
*(Prehearing conferences are generally not scheduled for variances or consents)*
- If yes, why? \_\_\_\_\_

**Part 7: Municipal Representative Information (Legal or Planning) \*Person attending OMB hearing**

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

**Part 8: Required Documentation (Please check boxes to indicate document included in filing)**

I confirm that I have attached the following items to this form.

Signature of Secretary-Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

**The following material must be attached to this form where applicable, in the order which it is listed:**

- Original or true copy of each notice of appeal received and reasons for appeal **with indication of the date on which each notice was filed**. Attach a typed list of the names, addresses and telephone numbers of all appellants.
- Board fee paid by each appellant made payable to the Minister of Finance. The appeal will not be processed without this fee being paid by each appellant. Ensure that cheque/fee payment is affixed to each appeal.
- Original or certified copy of the application for Minor Variance.
- Decision of the Committee of Adjustment with reasons and the date the decision was made.
- Last date for filing notice of appeal to Secretary-Treasurer.
- Authorization, if application made by other than the owner.
- Minutes of Committee of Adjustment hearing (in written/printed format).
- Name and addresses of all legal counsel and all persons, officials and agencies who were sent a copy of the Committee's decision and of those who requested to receive notice from the Board.
- All plans and sketches considered by the Committee.
- A copy of any planning report considered by the Committee, if applicable.
- Original or a copy of all written submissions and comments received by the Committee from any persons, officials and agencies.
- Sworn declaration by the Secretary-Treasurer of compliance with the requirements for giving notice of the Committee's decision under subsection 45(10) of the *Planning Act*.
- Copy of relevant extracts from the Official Plan.
- Copy of relevant extracts from the Zoning By-law.