



**TOWN OF  
GEORGINA**

Town of Georgina  
R.R.#2, 26557 Civic Centre Rd.,  
Keswick, Ontario  
L4P 3G1

Telephone: (905) 476-4301

Fax: (905) 476-8100

## **COMMITTEE OF ADJUSTMENT MINOR VARIANCE/PERMISSION APPLICATION GUIDE**

Please note that the Minor Variance/Permission Application fee is in accordance with the Town of Georgina Fee By-law No. 2011-0015(PL-7), as amended. A copy of the fee schedule is attached for reference. Also, On-Site Sewage Inspection review fee (\$291), and Lake Simcoe Region Conservation Authority review Fee (\$525) may be applicable.

### **INFORMATION REQUIRED:**

**ALL** the questions on the application form must be answered. If the form is incomplete or inaccurate, the application will be returned for completion, correction or clarification prior to processing.

A detailed and accurate site plan must accompany each application submitted on a 8 ½ X 11 paper. The site plan must show the dimensions of the subject land and abutting lands and the location, size and type of all structures located thereon. A survey or letter prepared by an Ontario Land Surveyor may be required due to the importance of accurate dimensions. Elevation drawings may be required.

Please be noted that a comprehensive review of non-conformities for the entire property will not be undertaken. Minor Variance application submitted will be reviewed with respect to the subject matter applied for only.

**Applications must be submitted in person.**

**NOTE: INFORMATION MUST BE IN DARK PEN.  
MEASUREMENTS MUST BE IN METRIC ON THE SITE PLAN & APPLICATION.  
SITE PLAN MUST BE ON 8 ½ X 11 PAPER.**

**CONTACT PERSON(S): Secretary-Treasurer to the  
Committee of Adjustment at extension 2267**

<b>THE FOLLOWING MUST BE ENCLOSED</b>	
1. SURVEY OR SITE PLAN WITH MEASUREMENTS IN METRIC	
2. APPLICABLE FEE (PAYMENT BY CHEQUE ONLY)	
3. PLANNER'S INITIALS	

# TOWN OF GEORGINA

## MINOR VARIANCE OR PERMISSION APPLICATION

### 1. APPLICANT INFORMATION



APPLICATION #A\_\_\_\_\_

DATE APPLICATION SUBMITTED FOR REVIEW : MM\_\_\_\_\_DD\_\_\_\_\_YY\_\_\_\_\_

DATE COMPLETED APPLICATION RECEIVED : MM\_\_\_\_\_DD\_\_\_\_\_YY\_\_\_\_\_

TITLE	NAME & ADDRESS	TELEPHONE/Email
<b>Registered Owner</b> (When registered owner is a numbered company, please provide name company is operating under)		Home:
		Business:
		Fax:
	POSTAL CODE	Email:
<b>Agent or Solicitor</b>		Home:
		Business:
		Fax:
	POSTAL CODE	Email:
<b>Mortgagor, Holder of Charges or other Encumbrances</b>		Business:
	Contact Name:	POSTAL CODE

### 2. SERVICES

Are there municipal services available? Please ✓ the appropriate box.

a) **MUNICIPAL**

	Yes	No		Yes	No
Water	<input type="checkbox"/>	<input type="checkbox"/>	Connected	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary Sewers	<input type="checkbox"/>	<input type="checkbox"/>	Connected	<input type="checkbox"/>	<input type="checkbox"/>
Storm Sewers	<input type="checkbox"/>	<input type="checkbox"/>			

b) **PRIVATE WELL:**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

c) **SEPTIC SYSTEM:**

<input type="checkbox"/>	<input type="checkbox"/>
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### 3. PROPERTY INFORMATION

ROLL #	LEGAL DESCRIPTION			MUNICIPAL ADDRESS
	<b>LOT #</b>	<b>CONC. #</b>	<b>REG. PLAN #</b>	
	<b>➤ DATE PROPERTY ACQUIRED</b> <b>➤</b>			
	MM:                      DD:      YR:			

Current Designation of the Subject Land in the O.P.		PLANNER'S SIGNATURE
Current Zoning of the Subject Land & Corresponding Map#		PLANNER'S SIGNATURE
Zoning:	Map #	
Existing use:		Date such use commenced

### 4. NATURE & EXTENT OF RELIEF APPLIED FOR

RELIEF FROM SECTIONS				PLANNER'S SIGNATURE
1.	2.	3.	4.	
<b>PROVIDE DETAILS OF THE NATURE &amp; EXTENT OF THE ABOVE RELIEF(S)</b>				
1.				
2.				
3.				
4.				
<b>Why is it not possible to comply with the provisions of the Zoning by-law?</b>				

## 5. DIMENSIONS OF LANDS AFFECTED

**MUST BE IN METRIC**

The applicant shall attach to this application a plan showing the dimensions of the subject lands and of all abutting lands and showing the location, size and type of all buildings and structures on the subject land and abutting lands. As well as the location of any easements affecting the subject land.

Frontage	Depth	Area	Width of Street
METRES	METRES	SQ. METRES	METRES

➤ Existing use of adjacent properties:\_\_\_\_\_

\_\_\_\_\_

➤ If there is an easement affecting the subject land indicate the nature of the easement.

\_\_\_\_\_

➤ Has the property previously been subject to relief under Section 45 of the Planning Act (Minor Variance or Permission)?

**YES**

☐

**NO**

☐

➤ If the answer is **YES**, please describe briefly in the space provided below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

➤ Are the said lands subject to an application under the Planning Act for approval of a Plan of Subdivision or Consent?

**YES**

☐

**NO**

☐

If **YES**, please indicate type of application, file no. and status if known.

\_\_\_\_\_

## 6. PARTICULARS OF ALL EXISTING BUILDINGS/STRUCTURES ON SUBJECT LAND

☞ Particulars of ☞ **ALL BUILDINGS AND STRUCTURES** ☞ ON the subject lands: (Specify ground floor area, number of storeys, width, length, height, etc.).

➔ MUST BE IN METRIC ➔

Particulars	ALL EXISTING BUILDINGS ON PROPERTY INCLUDES HOUSE, GARAGE, SHEDS, POOL ETC.							
<b>Type of Building</b>	1.		2.		3.		4.	
<b>Building Height</b>	METRES		METRES		METRES		METRES	
<b>Building Width</b>	METRES		METRES		METRES		METRES	
<b>Building Length</b>	METRES		METRES		METRES		METRES	
<b>Ground Floor area</b>	SQ. METRES		SQ. METRES		SQ. METRES		SQ. METRES	
<b>No. of Storeys</b>								
<b>Date Constructed</b>								
<b>Set Backs</b>	Front Lot Line	Rear Lot Line	Front Lot Line	Rear Lot Line	Front Lot Line	Rear Lot Line	Front Lot Line	Rear Lot Line
	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line

*Note: For accessory building(s), please indicate height measurements to peak and eaves, from average finished grade.*

## 7. PARTICULARS OF ALL PROPOSED BUILDINGS/STRUCTURES ON SUBJECT LAND

➔ MUST BE IN METRIC ➔

Particulars	PROPOSED BUILDINGS, ADDITIONS ETC.							
<b>Type of Building</b>	1.		2.		3.		4.	
<b>Building Height</b>	METRES		METRES		METRES		METRES	
<b>Building Width</b>	METRES		METRES		METRES		METRES	
<b>Building Length</b>	METRES		METRES		METRES		METRES	
<b>Ground Floor area</b>	SQ. METRES		SQ. METRES		SQ. METRES		SQ. METRES	
<b>No. of Storeys</b>								
<b>Date Constructed</b>								
<b>Set Backs</b>	Front Lot Line	Rear Lot Line	Front Lot Line	Rear Lot Line	Front Lot Line	Rear Lot Line	Front Lot Line	Rear Lot Line
	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line

<b>ACCESS TO SUBJECT LAND</b> Please <input checked="" type="checkbox"/> one	Provincial Highway <input type="checkbox"/> Private Road <input type="checkbox"/>	Municipal Road <input type="checkbox"/> Right of Way <input type="checkbox"/>	Regional Road <input type="checkbox"/> Other: (Specify)_____ <input type="checkbox"/>
MAINTAINED: Please <input checked="" type="checkbox"/> one		All Year <input type="checkbox"/>	Seasonally <input type="checkbox"/>

**Note:** For accessory building(s), please indicate height measurements to peak and eaves, from average finished grade.

## 8. RIGHT TO ENTER

I/We, \_\_\_\_\_, being the registered owner(s) of the subject lands, hereby authorize members of the Committee/Council (or a representative thereof), Town of Georgina staff, Peer Review Consultants retained by the Town of Georgina, and relevant external agency staff, to enter upon the subject lands for the purposes of evaluating the merits of this application.

Dated at the \_\_\_\_\_ of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print Name

***Note: Original signature(s) are required for the record. In the case of a corporation, the signature(s) must be that of an officer(s) with authority to bind the corporation.***

## 9. MUNICIPAL FREEDOM OF INFORMATION DECLARATION

Personal Information on this form is being collected under the authority of the Municipal Act and will be used for the purposes of sending correspondence relating to matters before Council. Your name, address, comments and any other personal information is collected and maintained for the purpose of creating a record that is available to the general public in a hard copy format and on the internet in an electronic format pursuant to Section 27 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M. 56, as amended. Questions about this collection should be directed to the Clerk's Department, Town of Georgina, 26557 Civic Centre Road, Keswick, ON L4P 3G1. Telephone 905- 476-4301, Ext. 2223; Fax 905-476-1475.

Dated at the \_\_\_\_\_ of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print Name

***Note: Original signature(s) are required for the record. In the case of a corporation, the signature(s) must be that of an officer(s) with authority to bind the corporation.***

# DECLARATION

I, \_\_\_\_\_, of the \_\_\_\_\_  
(your name, please print) (city or town)

Of \_\_\_\_\_ in the County/Regional Municipality of

\_\_\_\_\_  
(name of city or town)

solemnly declare that all the statements contained in 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 Ontario Evidence Act.***

**DECLARED BEFORE ME**

**AT THE** \_\_\_\_\_  
(city or town)

**OF** \_\_\_\_\_  
(name of city or town)

**IN THE COUNTY/REGIONAL MUNICIPALITY OF**

\_\_\_\_\_

**THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_, **20** \_\_\_\_\_

\_\_\_\_\_  
**Commissioner of Oaths**

\_\_\_\_\_  
**Signature of Owner, Solicitor or  
Authorized Agent**  
(Corporate Seal if applicable)



# AUTHORIZATION OF OWNER

If this application is to be submitted by a Solicitor or Agent on behalf of the Owner(s), this form must be completed and signed by the owner(s). If the Owner is a Corporation acting without agent or solicitor, the application must be signed by an Officer of the Corporation and the Corporation's seal (if any) must be affixed.

**OWNER(S) NOTE:**

***If the application is to be prepared by a Solicitor or Agent, authorization should not be given until the application and its attachments have been examined and approved by you.***

**I/We,**

PLEASE PRINT NAME	PLEASE PRINT NAME

**Hereby Authorize**

(PRINT FULL NAME OF SOLICITOR OR AGENT)

to submit the enclosed application to the Secretary-Treasurer of the Committee of Adjustment, to appear on my behalf at the hearing(s) of the application and to provide any information or material required by the Committee relevant to the application.

**DATED AT THE \_\_\_\_\_ OF \_\_\_\_\_**  
**(city or town) (name of city or town)**

**IN THE COUNTY/REGIONAL MUNICIPALITY OF \_\_\_\_\_**

**THIS \_\_\_\_\_ DATE OF \_\_\_\_\_, 20\_\_\_\_\_**

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

\_\_\_\_\_  
**(Corporate Seal if applicable)**

**Note:** *Original signature(s) are required for the record.*

# AFFIDAVIT

## IN THE MATTER OF THE REQUIRED SIGN TO BE POSTED ON THE SUBJECT PROPERTY TO MEET THE NOTICE REQUIREMENTS OF THE ONTARIO PLANNING ACT:

I, \_\_\_\_\_, of the \_\_\_\_\_ of \_\_\_\_\_  
(your name, please print) (city or town) (name of city or town)

in the County/Regional Municipality of \_\_\_\_\_ being the \_\_\_\_\_  
(applicant/authorized agent)

having made application(s) to the **Committee of Adjustment of The Corporation of the Town of Georgina.**

For the property located at \_\_\_\_\_  
(Address of the subject property)

### MAKE OATH AND SAY AS FOLLOWS:

I hereby declare that I will post the required sign(s) on the subject property in a location clearly visible and legible from the street a minimum of 15 days prior to the hearing date.

Included on the face of the sign is the following information:

1. Application Number
2. Location of the property
3. Date, Time and Location of the Hearing

### SWORN BEFORE ME

AT THE \_\_\_\_\_  
(city or town)

OF \_\_\_\_\_  
(name of city or town)

IN THE COUNTY/REGIONAL MUNICIPALITY OF

\_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Commissioner of Oaths

\_\_\_\_\_  
Signature of Owner, Solicitor or  
Authorized Agent

## TOWN OF GEORGINA

### ON-SITE SEWAGE INSPECTION-APPLICATION FOR MINOR VARIANCE

APPLICATION NUMBER: A

LOT \_\_\_\_\_ REGISTERED PLAN \_\_\_\_\_

PART \_\_\_\_\_ REGISTERED SURVEY \_\_\_\_\_

MUNICIPAL LOT \_\_\_\_\_ CONCESSION \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

ASSESSMENT ROLL NUMBER \_\_\_\_\_

PLEASE PRINT

OWNER/AGENT: \_\_\_\_\_  
*First Name* *Last Name*

TELEPHONE: \_\_\_\_\_  
*Business* *Home*

MAILING ADDRESS: \_\_\_\_\_  
*Street Address* *Town/City* *Postal Code*

As part of the planning approval process, your application must be circulated to the Town of Georgina On-Site Sewage Inspector for review. The Ontario Building Code Act allows for the collection of a user fee to pay a portion of the inspection and administration costs.

A fee of \$264.00 payable by cheque or money order to the Town of Georgina, as allowed for the Town By-law Number 2008-0132 (BU-1), must accompany your application.

A fee is not required **ONLY** if municipal sanitary sewer are in use on the lot, and the appropriate section of your planning application confirms that the property is municipally serviced. You **MUST** check the appropriate box and date and sign the section below.

- ☐ ***This property is municipally serviced- Exempt.***  
☐ ***This property is not municipally serviced- Not Exempt.***

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

**NOTE:** This form and your cheque must accompany the application to be submitted to the Committee of Adjustment.