



MINOR VARIANCE/PERMISSION APPLICATION GUIDE

Please note that the Minor Variance Application fee is in accordance with the Town of Georgina Fee By-law No. 2018-0074(PL-7), as amended. Please refer to Planning Fee Schedule. Also, On-Site Sewage Inspection review fee (\$291), and Lake Simcoe Region Conservation Authority review Fee (\$536) may be applicable.

LSRCA Payment Instructions

Fee payments can be made in the following ways:

- By cheque - please mail your payment to 120 Bayview Parkway, Newmarket ON L3Y 3W3, Attention "Planning Department". Cheques should be made payable to the 'Lake Simcoe Region Conservation Authority'.
 - By credit card – please call 905-895-1281, ext. "609". LSRCA staff will be able to assist you. Be sure to have the municipal address, the fee amount, a file reference number or invoice # (if applicable) related to your planning application to ensure that your payment is processed in a timely manner.
- Electronic Funds Transfer (Direct Deposit) - Please forward EFT enrollment forms / request to Finance@LSRCA.on.ca. Our staff will complete the form and return to you so that the transfer may occur.

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

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: Secretary-Treasurer to the Committee of Adjustment at extension 2258

THE FOLLOWING MUST BE ENCLOSED	
1. SURVEY OR SITE PLAN WITH MEASUREMENTS IN METRIC	
2. APPLICABLE FEE (CHEQUE OR CREDIT CARD RECEIPT)	



26557 Civic Centre Rd.
Keswick, Ontario L4P 3G1
905-476-4301

GEORGINA

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
Registered Owner (When registered owner is a numbered company, please provide name company is operating under)			Home:
			Business:
		POSTAL CODE	Fax:
			Email:
Agent or Solicitor			Home:
			Business:
		POSTAL CODE	Fax:
			Email:
			Business:

Mortgagor, Holder of Charges or other Encumbrances		
	Contact Name:	POSTAL CODE

2. SERVICES

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

- a) **MUNICIPAL**
- Water Yes No
- Sanitary Sewers Connected Yes No
- Storm Sewers Connected Yes No
- b) **PRIVATE WELL:** Yes No
- c) **SEPTIC SYSTEM:** Yes No

3. PROPERTY INFORMATION

ROLL #	LEGAL DESCRIPTION			MUNICIPAL ADDRESS
	LOT #	CONC. #	REG. PLAN #	
	↘ DATE PROPERTY ACQUIRED ↘			
	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.	

PROVIDE DETAILS OF THE NATURE & EXTENT OF THE ABOVE RELIEF(S)

- 1.
- 2.
- 3.
- 4.

Why is it not possible to comply with the provisions of the Zoning by-law?

**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.

Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line	Side Lot Line

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

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

In accordance with the provisions of the Planning Act, I understand that all information and material that is required to be provided to the Town of Georgina respecting planning applications shall be made available to the public. In submitting this minor variance/permission application and supporting documentation, I _____ hereby acknowledge the above-noted policy and provide my consent in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*, that the information on this application and any supporting documentation provided by myself, my agents, consultants and solicitors, will be part of the public record and will also be available to the general public.

Dated at the _____ of _____ this _____ day of _____, _____.

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.

10. 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)

11. 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.

12. 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



26557 Civic Centre Rd.
Keswick, Ontario L4P 3G1
905-476-4301

GEORGINA

ON-SITE SEWAGE INSPECTION FORM

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 \$282.00 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.