

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

Telephone: (905)-476-4301  
Fax: (905)-476-8100  
Email: [planning@georgina.ca](mailto:planning@georgina.ca)



## Minor Variance or Permission Application Guide

The Minor Variance application fee of \$1,434 is in accordance with the Town of Georgina Fee By-law No. 2018-0074 (PL-7), as amended. An On-Site Septic Inspection fee of \$218, and a Lake Simcoe Region Conservation Authority Review Fee of \$525 may also be applicable.

### Information Required:

It is the responsibility of the owner or authorized agent to provide complete and accurate information at all times. All sections on the application form must be answered. If the form is incomplete or inaccurate, the application will be returned for completion, correction or clarification before processing.

A detailed and accurate site plan must accompany each application submitted on an 8½ X 11 paper. The site plan must show the dimensions of the subject land and the abutting lands, as well as the location, size and type of all structures located thereon. Measurements must be in metric.

A survey or a letter prepared by an Ontario Land Surveyor may also be required due to the importance of accurate dimensions. Elevation drawings may be required as well.

A comprehensive review of non-conformities for the entire property will not be undertaken. The application submitted will be reviewed concerning the subject matter applied for only.

Applications may be submitted in person or courier, or by email to [planning@georgina.ca](mailto:planning@georgina.ca). Payment must be made by cheque or money order and can be submitted in person or by mail.

Any questions can be directed to the Secretary-Treasurer to the Committee of Adjustment at extension 2267.

### The following must be enclosed with each application:

1. A survey or site plan with measurements in metric
2. Payment of the applicable fee(s) by cheque or money order
3. The Planner's initials

Town of Georgina  
Minor Variance or Permission Application

Application # A \_\_\_\_\_

Date Application Submitted for Review	Month:	Day:	Year:
Date Application Deemed Complete	Month:	Day:	Year:

**1. Applicant Information**

Title	Name & Address	Contact Info.
<b>Registered Owner</b> If the registered owner is a numbered company, put the name that the company is operating under.		Home:
		Business:
		Postal Code: Fax:
		Email:
<b>Agent or Solicitor</b>		Home:
		Business:
		Postal Code: Fax:
		Email:
<b>Mortgagor, Holder of Charges or Other Encumbrances</b>		Home:
		Business:
		Postal Code: Fax:
		Email:

**2. Property 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:
- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
|  | <input type="checkbox"/> | <input type="checkbox"/> |

### 3. Property Information

Roll #	Legal Description			Municipal Address
	Lot #	Conc. #	Reg. Plan #	
Date the Property was Acquired				
Year	Month	Day		

Current Designation of the Subject Land in the Official Plan	Planner's Signature
Current Zoning of the Subject Land & Corresponding Map #	Planner's Signature
Zoning: _____	Map #: _____
Existing use of the Subject Property	Date such use Commenced

### 4. Nature & Extent of Relief Applied For

Zoning By-law Sections Where Relief is Requested	Planner's Signature
1. _____	
2. _____	
3. _____	
4. _____	
Provide Details on the Nature & Extent of the Above-Noted Relief	
1. _____	
2. _____	
3. _____	
4. _____	
Why is it not Possible to Comply with the Provisions of the Zoning By-law?	

## 5. Dimensions of Lands Affected

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

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 below:

\_\_\_\_\_

➤ 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, 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, indicate the type of application, file no. and status if known below:

\_\_\_\_\_

## 6. Particulars of all Existing Buildings or Structures on the Subject Land

- Specify the ground floor area, number of storeys, length, width, height, etc. of all the existing buildings or structures in metric below. This includes the house, garage(s), shed(s), pool, etc.:

Particulars of all Existing Buildings or Structures								
Type of Building	1.	2.		3.		4.		
Building Height	Metres:	Metres:		Metres:		Metres:		
Building Width	Metres:	Metres:		Metres:		Metres:		
Building Length	Metres:	Metres:		Metres:		Metres:		
Ground Floor Area	Sq. Metres:	Sq. Metres:		Sq. Metres:		Sq. Metres:		
No. of Storeys								
Date Constructed								
Set Backs	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 the height measurements to both the peak and eaves, all measured from average finished grade.

## 7. Particulars of all Proposed Buildings and Structures on the Subject Land

- Specify the ground floor area, number of storeys, length, width, height, etc. of all the proposed buildings or structures in metric below:

Particulars of all Proposed Buildings or Structures								
Type of Building	1.		2.		3.		4.	
Building Height	Metres:		Metres:		Metres:		Metres:	
Building Width	Metres:		Metres:		Metres:		Metres:	
Building Length	Metres:		Metres:		Metres:		Metres:	
Ground Floor Area	Sq. Metres:		Sq. Metres:		Sq. Metres:		Sq. Metres:	
No. of Storeys								
Set Backs	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 the height measurements to both the peak and eaves, all measured from average finished grade.*

Access to the Subject Land: 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"/>

## 8. Right to Enter the Subject Property

I/We, \_\_\_\_\_, being the registered owner(s) of the subject land(s), 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 land(s) 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 \_\_\_\_\_ of \_\_\_\_\_  
(print name) (City or Town) (name of City or Town)  
in the County/Regional Municipality of \_\_\_\_\_  
(name of County/Municipality)

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 \_\_\_\_\_ OF \_\_\_\_\_  
(City or Town) (name of City or Town)

IN THE COUNTY/REGIONAL MUNICIPALITY OF \_\_\_\_\_  
(name of County/Municipality)

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

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

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

**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.



# 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.

*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,

Print name of Owner	Print name of Owner

Hereby Authorize

Print name of Agent or Solicitor

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.

DECLARED BEFORE ME

AT THE \_\_\_\_\_ OF \_\_\_\_\_  
(City or Town) (name of City or Town)

IN THE COUNTY/REGIONAL MUNICIPALITY OF \_\_\_\_\_  
(name of County/Municipality)

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

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

\_\_\_\_\_  
Signature of Owner  
(Corporate Seal, if Applicable)

**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.

## 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 \_\_\_\_\_  
(print name) (City or Town) (name of City or Town)

in the County/Regional Municipality of \_\_\_\_\_ being the \_\_\_\_\_  
(name of County/Municipality) (Applicant/authorized Agent)

having made an 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 before 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 \_\_\_\_\_ OF \_\_\_\_\_  
(City or Town) (name of City or Town)

IN THE COUNTY/REGIONAL MUNICIPALITY OF \_\_\_\_\_  
(name of County/Municipality)

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

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

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

**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.

# TOWN OF GEORGINA

## ON-SITE SEPTIC INSPECTION-APPLICATION FOR A 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 Septic 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 \$216.00, payable by cheque or money order to the Town of Georgina, as indicated by Building By-law No. 2015-0150, as amended, 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.