



**APPLICATION TO THE COMMITTEE OF ADJUSTMENT
FOR MINOR VARIANCE
AND/OR ADDITION OR EXTENSION OF NON-CONFORMING USES.**

The attached Application must be completed in full by the Applicant and returned to the Secretary of the Committee of Adjustment, together with an 8 ½" x 14" plan of the property and the required fee as per the Schedule of Fees, payable to the Town of Grimsby. If the Applicant is acting on behalf of an owner, then the owner's written authorization must be submitted before the Application can be accepted.

The plan should be of adequate scale (in metric) to show all buildings on the subject property, and any buildings on neighbouring properties immediately adjacent to the lot lines. The nature and extent of the variance or relief required should be clearly shown on the plan. The Secretary may also request such other information deemed necessary prior to acceptance.

When the Application and the plan have been accepted by the Secretary, a Hearing Date will be set. The Hearing is required to be not less than ten (10) days, nor more than thirty (30) days after acceptance. Hearings are held on Tuesday evenings, as required.

All owners of property within sixty (60) metres of the subject property (except for single family applications - thirty (30) metres) will be notified of the Application and Hearing, together with various government agencies and utilities, etc.

The Hearing is held in public and any neighbour or other person who has an interest in the Application may, for the record, make verbal or written comments with regard to the Application.

**THE APPLICANT AND/OR HIS AUTHORIZED REPRESENTATIVE OR AGENT
MUST BE IN ATTENDANCE AT THE HEARING. NON-ATTENDANCE MAY
RESULT IN THE DENIAL OF THE APPLICATION IN ACCORDANCE WITH THE
RULES OF PROCEDURE OF THE COMMITTEE OF ADJUSTMENT.**

At the Hearing, the Applicant will be required to make a presentation indicating why it is not possible to comply with the zoning and to provide adequate reasons as to why the variance or relief should be granted, and may bring other persons or evidence in support of the Application. The Applicant, or representative, may be questioned by the Committee or, through the Chair, by any other person present at the Hearing. Evidence may be taken under oath at the discretion of the Chairman.

After all the presentations have been heard in support of, or against, the Application, the Committee may choose to defer its decision for further information, etc. The Decision is made *in open session*, usually on the same day of the Hearing. If another Hearing is necessary, the Applicant and any person at the Hearing who so requested, will be notified of the time and place of the subsequent Hearing.

After a Decision is made, the Applicant and any other person who so requested, will be notified in writing. If the Application is approved, the Committee may set conditions or time limits as part of the approval.

The Decision does not become final and binding until **twenty (20) days** after the date on which it was made, and is subject to appeal within that time by the Applicant or any other person or agency who feels adversely affected by the Decision.

Appeals to the Ontario Municipal Board are made by notifying the Secretary of the Committee of Adjustment in writing, together with payment of **Three Hundred (\$300.00) Dollars** to the Minister of Finance.

All matters pertaining to such Applications, and the proceedings of the Committee of Adjustment are governed by The Planning Act and other applicable legislation. If you require further details, please contact the Secretary of the Committee at the address shown on the Application.

COMMITTEE OF ADJUSTMENT

TOWN OF GRIMSBY

J.R. Schonewille, C.E.T.
Secretary-Treasurer

160 Livingston Avenue
P.O. Box 159
Grimsby, Ontario. L3M 4G3
Tel: (905) 945-9634
Fax: (905) 945-5010

THE PLANNING ACT, R.S.O. 1990

APPLICATION FOR MINOR VARIANCE OR FOR PERMISSION

“ALL REQUIRED MEASUREMENTS ARE TO BE IN METRIC”

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THE UNDERSIGNED HEREBY APPLIES TO THE COMMITTEE OF ADJUSTMENT FOR THE TOWN OF GRIMSBY UNDER SECTION 45 OF THE PLANNING ACT, R.S.O. 1990 FOR RELIEF, AS DESCRIBED IN THIS APPLICATION FROM BY-LAW NO. 14-45, AS AMENDED.

1. Name of Owner _____ Tel. No. _____

2. Address _____ Postal Code _____

e-mail: _____

3. Name of Agent (if any) _____ Tel. No. _____

4. Address _____ Postal Code _____

e-mail: _____

* NOTE: Unless otherwise requested, all communications will be to the Agent, if any.

5. Names, Addresses, Postal Codes, Telephone Numbers of any Mortgagees, Holders of Charges or other Encumbrances:

6. Nature and Extent of Relief Applied for: _____

7. Why is it not possible to comply with the provisions of the By-law? _____

8. Legal Description of subject land (Registered Plan Number and Lot Number or other legal description and, where applicable, street and street number):

9. Dimensions of land affected:

Frontage: _____
Depth: _____
Area: _____
Street Width: _____

10. Particulars of all buildings and structures on or proposed for the subject land. (Specify ground floor area, gross floor area, number of storeys, width, length, height, etc.):

Existing: _____

Proposed: _____

11. Location of all buildings and structures on or proposed for the subject land. (Specify distance from side, rear and front lot lines):

Existing: _____

Proposed: _____

12. Date of acquisition of subject land: _____

13. Date of construction of all buildings and structures on subject land: _____

14. Existing uses of the subject property: _____

15. Existing uses of abutting properties: _____

16. Length of time the existing uses of the subject property have continued: _____

17. Municipal Services available: (Check appropriate space or spaces)

Water	_____	Connected: _____
Sanitary Sewers	_____	Connected: _____
Storm Sewers	_____	Connected: _____

18. Present Official Plan provisions applying to the land: _____

19. Present Zoning By-law provisions applying to the land: _____

20. Has the owner previously applied for relief in respect of the subject property?

Yes _____ No _____

If the answer is "Yes", please describe briefly: _____

21. Is the subject property the subject of a current Application for Consent under Section 53 of the Planning Act, R.S.O. 1990?

Yes _____ No _____

Signature of Applicant or Authorized Agent

Print Name of Applicant or Authorized Agent
(I have authority to bind the corporation)

DECLARATION



Dated at the Town of Grimsby this _____ day of _____, 20 ____ .

I/We, _____ of the City/Town/Township of _____
in the County/District/Regional Municipality of _____,

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 Canada Evidence Act.

Declared before me at the Town of Grimsby)
in the Regional Municipality of Niagara this) _____
day of _____, 20 ____)

A Commissioner, etc.



AUTHORIZATION



**TO THE SECRETARY/TREASURER,
COMMITTEE OF ADJUSTMENT FOR THE TOWN OF GRIMSBY.**

I/We _____
(Name of Owner(s))

being the Owner of the property known municipally as _____

hereby authorize _____
(Name and Address of Solicitor/Agent)

to act as my/our Agent with respect to the above noted submission and this is my/our good, full and final authority to do so.

OWNER PER: _____

PLEASE NOTE: Personal information collected on this application will become part of a public record. Any questions regarding this collection should be directed to: The Clerk, P.O. Box 159, 160 Livingston Avenue, Grimsby, ON L3M 4G3.

PERMISSION TO ENTER

Date: _____

**Secretary-Treasurer Committee of Adjustment
Town of Grimsby
160 Livingston Ave.,
Grimsby ON
L3M 4G3**

Dear Secretary-Treasurer:

RE: Application to Committee of Adjustment

Location of Land: _____(Municipal Address)

I hereby authorize the members of the Committee of Adjustment and members of the staff of the Town of Grimsby and the Region of Niagara to enter onto the above-noted property for the limited purposes of evaluating the merits of this application.

Signature of owner or authorized agent

Please print name