



Township of Central Frontenac

1084 Elizabeth Street, P.O. Box 89, Sharbot Lake, Ontario K0H 2P0
 Telephone: 613-279-2935 or 1-800-300-6851 (613 area code only) Fax: 613-279-2422
 E-mail planning@centralfrontenac.com

MINOR VARIANCE APPLICATION

1. APPLICANT INFORMATION:

(a) Name of Applicant:	(d) Name of Agent: (if applicable)
(b) Address:	(e) Address:
(c) Contact Information Home Telephone _____ Work Telephone _____ Fax _____ E-Mail _____	(f) Contact Information Home Telephone _____ Work Telephone _____ Fax _____ E-Mail _____

Note: When an applicant has appointed an Agent to act on his/her behalf, all communication will be sent to the Agent, unless otherwise requested.

2. PROPERTY DESCRIPTION

(a) Lot	(b) Concession	(c) Plan	(d) Lot/Part
(e) Geographic Township (Former Twp):			
(f) Dimensions of Land Affected			
(i) Frontage (m)	(ii) Depth(m)	(iii) Area(ha)	
(iv) Other			
(g) Name of Body of Water: If subject property is adjacent to water, please provide the name of that body of water			
(h) Civic address (911 number):			

3. NATURE OF APPLICATION

(a) Seeking relief from By-law # **2002-120** (b) Section(s) _____

(c) By-law Minimum Requirements

(i) Front Yard Setback (on water)	(ii) Front Yard Setback (not on water)	(iii) Side Yard Setback	(iv) Side Yard Setback
(iv) Rear Yard Setback	(vi) Area	(vii) Frontage	(vii) Depth
(ix) Other (Please specify)			

(d) Reason for Minor Variance

It is not possible to comply with the provisions of the by-law because

OR

It is preferable not to comply with the provisions of the by-law because

4. ZONING AND/OR USE

<p>(a) Subject Property</p> <p>Zoning _____</p> <p>Main Use _____</p>	<p>(b) Main Use of Abutting Properties</p> <p>East _____</p> <p>West _____</p> <p>North _____</p> <p>South _____</p>
<p>(c) Is the property the subject of a current application for severance Yes No</p> <p>If yes, please indicate Severance Application File No. _____</p>	

6. SEWAGE DISPOSAL AND WATER SERVICES

(a) AVAILABLE SERVICES

Please indicate current available services

Well Septic Pit Privy Other

If Other, please specify _____

Hydro _____

(b) PROPOSED SERVICES

Please provide information about any proposed upgrading in services that you intend to install in relation to the subject application _____

7. HISTORY OF THE PROPERTY

(a) Land Acquisition & Structures

(i) Date subject property was acquired _____

(ii) Date of Construction of all Buildings

Main Building _____ Additions (if applicable) _____

Accessory Buildings	Type of Accessory Building (e.g. garage, storage, boathouse etc.)	Year of Construction
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIOR PLANNING APPLICATIONS

Have previous owners obtained a minor variance or zoning amendment for the subject property?

Yes No If yes, describe briefly and if possible, provide file numbers

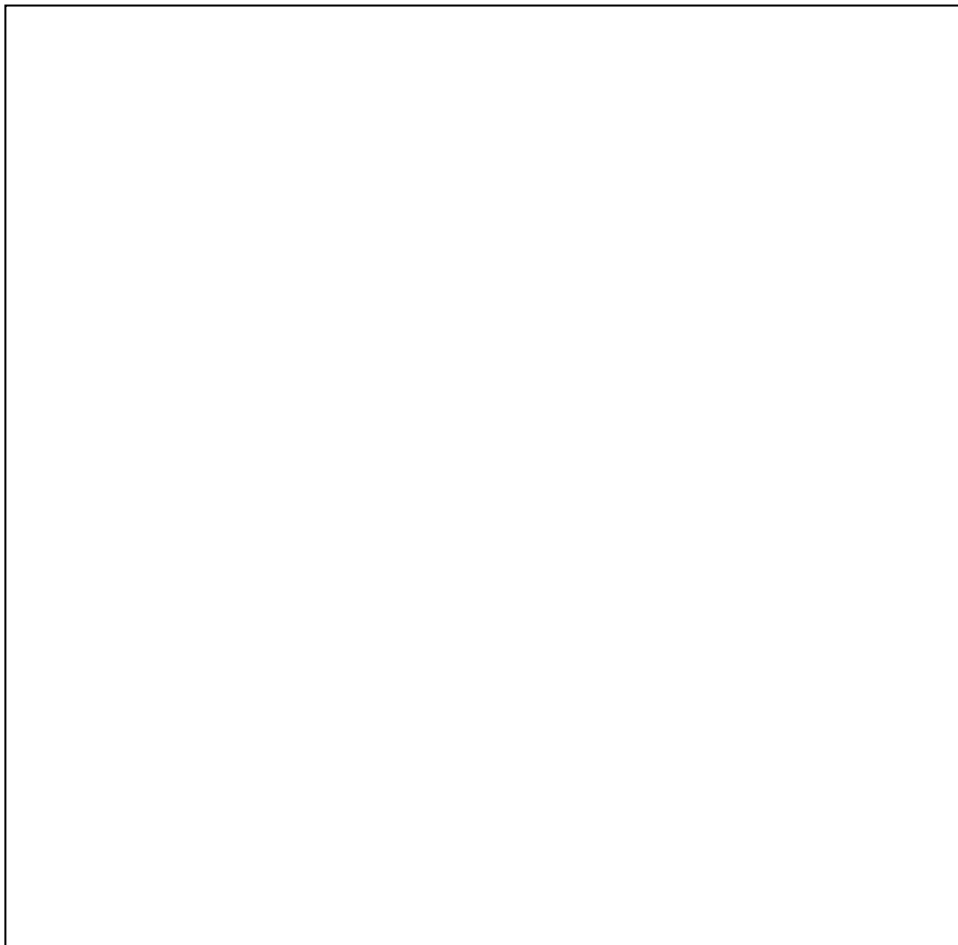
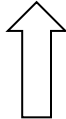
8. SKETCH

The following information is required to be shown in the sketch (Refer to sample sketch provided in guidelines)

- Subject property with dimensions – i.e. frontage, depth and area
- All buildings with dimensions – i.e. length & width
- Location of buildings in relation to lot lines
- Location of well & septic
- Abutting properties
- Location of body of water

(Please note: If necessary, the Committee of Adjustment may request that an Ontario Land Surveyor sign the sketch)

N



9. ABUTTING PROPERTIES

Information concerning a Minor Variance application must be circulated to the owners of any properties located within 60 m/200' of **all** boundaries of the subject property.

If possible, please provide the names of the owners of land within this 60 metre/200' buffer

North
South
East
West

10. DIRECTIONS

In order to ensure that the persons required to conduct inspections for the purposes of this application can locate the subject property, please provide clear directions, indicating which highway as well as any main and secondary roads you use to access your property. If the site is water access only, please indicate the closest public or commercial boat launch you use in order to reach the site and please be prepared to provide water transportation if requested.

**NOTICE OF COLLECTION
MUNICIPAL FREEDOM OF INFORMATION
AND
PROTECTION OF PRIVACY ACT**

Personal information collected on this form is collected under the authority of the *Planning Act*, R.S.O. 1990 as amended, and will be used to assist in making a decision on this matter. All names, addresses, opinions and comments will be made available for public disclosure. Questions regarding this collection should be forwarded to:

The Clerk, Township of Central Frontenac, 1084 Elizabeth Street, P.O. Box 89, Sharbot Lake, ON K0H 2P0, Telephone (613) 279-2935, ext. 227.

AGREEMENT TO INDEMNIFY

The applicant hereby agrees to indemnify and save harmless The Corporation of the Township of Central Frontenac (“the Municipality”) from all costs and expenses that the Municipality may incur in connection with the processing of the applicant’s application for approval under the Planning Act.

Without limiting the foregoing, such costs and expenses will include all legal, engineering, planning, advertising and consulting fees and charges incurred or payable by the Municipality to process the application together with all costs and expenses arising from or incurred in connection with the Municipality being required, or requested by the applicant, to appear at the hearing of any appeal to the Ontario Municipal Board from any decision of the Council or Committee of Adjustments, as the case may be, approving the applicant’s application.

The applicant acknowledges and agrees that if any amount owing to the Municipality in respect of the application is not paid when due, the Municipality will not be required to process or to continue processing the application, or to appear before the Ontario Municipal Board in support of a decision approving the application until the amount has been paid in full.

The applicant further acknowledges and agrees that any amount owing by the applicant to the Municipality is, when due, a debt of the applicant and the Municipality may, in addition to any other remedies available to it at law, recover the amount owing together with interest from the applicant by action.

Date:

Signature of Owner

Owners Name (print)

11. AFFIDAVIT OR SWORN DECLARATION

I, _____ make oath (or solemnly declare) that the information contained in this application is true and that the information contained in the documents that accompany this application is true.

Sworn (or declared) before me at the _____ of _____

_____ of _____, this _____ day of _____, 2_____.
Type of municipality Name
County/District/Region Name

Commissioner of Oaths Applicant or Agent

12. AUTHORIZATION (if applicable) If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that an appointed agent is authorized to make the application must be included or the authorization set out below must be completed.

I, _____, am the owner of the land that is the subject of this application and I authorize _____ to make application on my behalf.

Owner's Signature Date

Witness' Signature Print Name of Witness