



**Municipality of Oliver Paipoonge
THE COMMITTEE OF ADJUSTMENT**

3250 Highway 130
Rosslyn ON P7K 0B1

Telephone: (807) 935-2613
Fax: (807) 935-3309

Application No.	
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Application for Minor Variance or for Permission

The undersigned hereby applies to the Committee of Adjustment for The Municipality of Oliver Paipoonge under Section 45 of the Planning Act for relief, as described in this application, by By-Law No. 185-01 (as amended).

Owner Information

Full Name: _____
Last First

Address: _____
Street Address Apt/Unit #

_____ City Province Postal Code

Home Phone: () _____ Alternate Phone: () _____

Please specify to whom all communications should be sent:

Owner Solicitor Agent

Agent Information (if applicable)

Full Name: _____
Last First

Address: _____
Street Address Apt/Unit #

_____ City Province Postal Code

Home Phone: () _____ Fax: () _____

Other Mortgagees, Holders of Charges or Other Encumbrancers (if applicable)

1

Full Name: _____
Last First

Address: _____
Street Address Apt/Unit #

_____ City Province Postal Code

2

Full Name: _____
Last First

Address: _____
Street Address Apt/Unit #

_____ City Province Postal Code

3

Full Name: _____
Last First

Address: _____
Street Address Apt/Unit #

_____ City Province Postal Code

Minor Variance/Permission Details

1. Nature and extent of relief applied for:

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

3. Legal description of subject land (registered plan number and lot number or other legal description **and**, where applicable, street and street number):

4. Dimensions of land affected:

Frontage: _____

Depth: _____

Area: _____

Width of street: _____

5. 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: _____

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

Existing: _____

Proposed: _____

7. Date of acquisition of subject land:

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

9. Existing uses of the subject property:

10. Existing uses of abutting properties:

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

12. Municipal services available (check appropriate spaces):

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

13. Present Official Plan provisions applying to the land:

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

15. Has the Owner previously applied for relief in respect of the subject property? Yes No

If Yes, describe briefly:

16. Is the subject property the subject of a current application for consent under Section 53 of the *Planning Act*?

Yes No

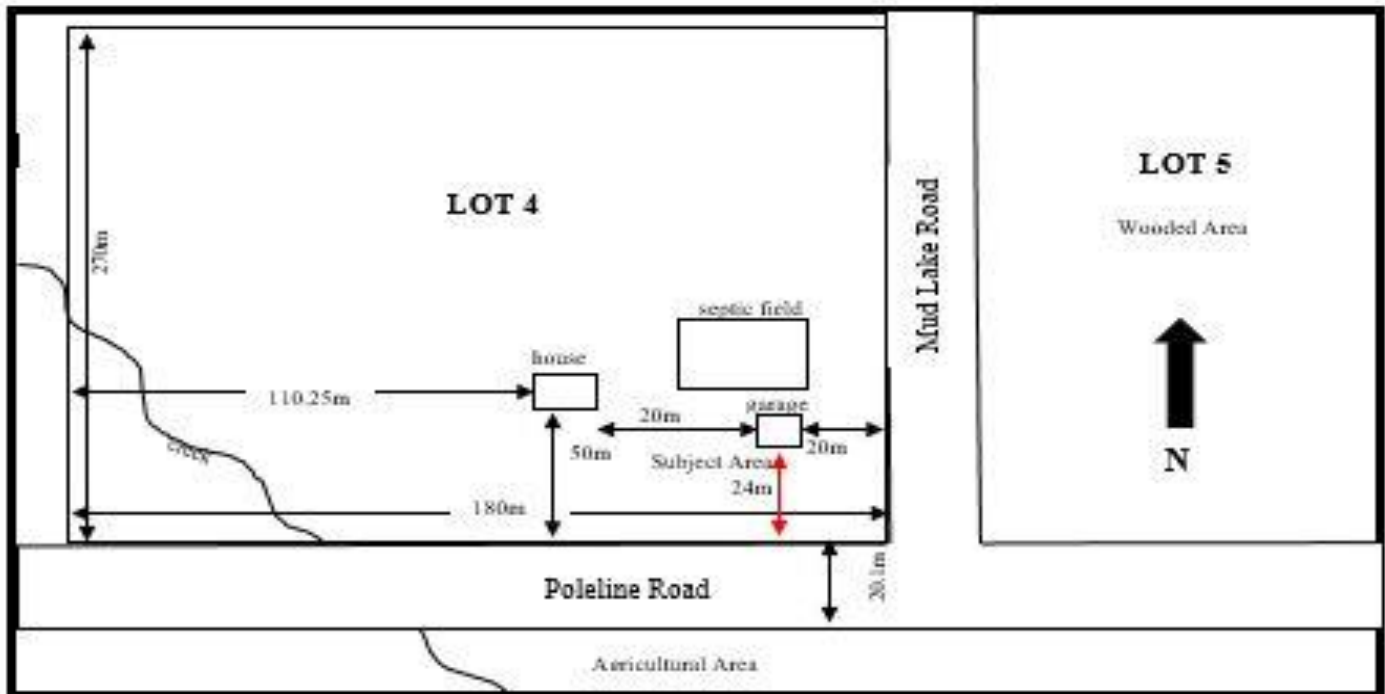
Signature of applicant or authorized agent

Dated at the _____ of _____ this
_____ day of _____ 20 _____

Notes:

1. It is required that (1) copy of this application be filed with the Secretary-Treasurer of the Committee of Adjustment, together with the plan referred to in Note 2, accompanied by a fee of \$500.00 in cash, debit or cheque made payable to the Treasurer of the Municipality of Oliver Paipooonge.
2. Copy of this application must be accompanied by a plan showing the dimensions of the subject land and of all abutting land and showing the location, size and type of all buildings and structures on the subject and abutting land. The Committee of Adjustment may require that the plan be signed by an Ontario Land Surveyor.

Sample Sketch - Minor Variance:



Sketch

DECLARATION of Applicant or Authorized Agent

I, _____ of the _____ of
_____ in the _____ 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 _____ of _____
in the _____ of _____
this _____ day of _____ 20 _____

Signature of applicant or authorized agent

Commissioner of Oaths, etc.

For Office Use Only

CERTIFICATION

I, _____
for the _____ of _____
in the _____ of _____

certify that the above application is a true copy.

Dated this _____ day of _____ 20 _____

Signature