

SITE PLAN REQUIRED
PLEASE USE BLACK INK
Fee:

FILE# _____
ROLL# _____



Township of Black River-Matheson
MINOR VARIANCE OR CHANGE OF USE APPLICATION FORM

(PURSUANT TO SECTION 45 OF THE PLANNING ACT, R.S.O. 1990, C.P.13, AS AMENDED)

1. Name of Owner _____ (Bus.) _____ Tel. No. (Res.) _____
2. Address _____
3. Name of Agent (if any) _____ Tel. No. _____
4. Address _____

NOTE: Owner must complete authorization if an agent is being appointed (Item 23 of this form)

5. Nature and extend of relief allied for:

6. Why is it not possible to comply with the provisions of the By-law:

7. Legal description of subject land:

Street Name and Number: _____

Registered/Reference Plan Number: _____

Lot/Concession: _____

Parcel: _____

8. Dimensions of subject land:

Frontage _____ Area _____

Depth _____

9. 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: _____

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

Existing: North _____

South _____

East _____

West _____

Proposed: North _____

South _____

East _____

West _____

11. Date of acquisition of subject land:

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

13. Existing uses of the subject land:

14. Existing uses of abutting lands:

15. Length of time the existing uses of the subject land have continued:

16. Municipal services available (check appropriate space or spaces):

Water _____ Connected _____

Sanitary Sewers _____ Connected _____

Storm Sewers _____

16a. Rural Services:

Septic Tank _____ Connected _____

Well _____ Connected _____

17. Present Official Plan provisions applying to the subject land:

18. Present Zoning B-law provisions applying to the subject land:

19. Is the property subject to an application under the Planning Act approval of a plan of subdivision, consent or rezoning?

_____ Unknown

_____ No

_____ Yes (If yes, and if known, please provide the following:

Application File No.: _____

Status of Application: _____

20. Has the owner previously applied for relief in respect of the subject land:

Yes _____ No _____

If answer is yes, describe briefly:

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

Yes _____ No _____

22. DECLARATION BY APPLICANT

I, _____ of the Township of Black River-Matheson, in the District of Cochrane, 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 and by virtue of the Canada Evidence Act.

Declared before me at the Township of)

Black River-Matheson, in the District of)

Cochrane, this ____ day of _____ 20____)

Applicant, Solicitor or Agent)

A Commissioner, etc.

Or

Witness

23. **AUTHORIZATION FROM OWNER(S)**

The owner(s) formal authorization permitting the applicant to make this application on the owner(s) behalf to the Township of Black River-Matheson.

I/We _____, the owner's of the property subjected of this applicant, herby authorize _____ to make this application on my/our behalf to the Township of Black River-Matheson.

Witness (other than applicant)

Owner's Signature

NOTES:

1. **It is required that one copy of this application be filed with the Secretary of the Committee of Adjustment, together with the plan referred to in Note 2, accompanied by fee in cash or by cheque made payable to the Township of Black River-Matheson.**

2. **Each copy of this application must be accompanied by a plan showing the dimensions of the subject land and of all abutting land showing the location, size and type of all buildings and structures on the subject and abutting land. The Committee of Adjustment may require a building location by an Ontario Land Surveyor.**

COMPLETED APPLICATIONS ARE TO BE RETURNED TO:

**SECRETARY
TOWNSHIP OF BLACK RIVER-MATHESON COMMITTEE OF ADJUSTMENT
TOWNSHIP ADMINISTRATION OFFICE
P.O. BOX 601, 421 FIFTH AVENUE
MATHESON, ONTARIO
P0K 1N0**

**TELEPHONE (705) 273-2313
FACSIMILE (705) 273-2140**