



THE CORPORATION OF THE
MUNICIPALITY OF WAWA

TO BE FILED WITH:

COMMITTEE OF ADJUSTMENT
P.O. BOX 500, 40 BROADWAY AVENUE
WAWA, ONTARIO, P0S 1K0
TELEPHONE: (705) 856-2244
FACSIMILE: (705) 856-2120

APPLICATION FOR

- | | |
|---|---|
| <input type="checkbox"/> MINOR VARIANCE - Zoning | <input type="checkbox"/> AMENDMENT ZONING BY-LAW |
| <input type="checkbox"/> CONSENT - Creation of New Lot | <input type="checkbox"/> AMENDMENT OFFICIAL PLAN |
| <input type="checkbox"/> DEEMING – Consolidate Parcels | <input type="checkbox"/> CORRECTION OF TITLE |
| <input type="checkbox"/> EASEMENT | |

FOR OFFICE USE ONLY Receipt No. _____ Application No. _____

Received Date: _____ Completed Application Date: _____

NOTE TO APPLICANTS

The information in this form that must be provided by the applicant is indicated in *italics*. This information is prescribed in the Schedule to Ontario Regulation 41/95 made under the **Planning Act**. This mandatory information must be provided with the appropriate fee. If the mandatory information and fee are not provided, the Secretary-Treasurer will return the application, or refuse to further consider the application until the information and fee have been provided.

The application form also sets out other information that will assist the Committee of Adjustment and others in their planning evaluation of the consent application. To ensure the quickest and most complete review, this information should be submitted at the time of application. In the absence of this information, it may not be possible to do a complete review within the legislated time frame for making a decision. As a result, the application may be refused.

SUBMISSION OF THE APPLICATION

Please submit a completed application form, along with the applicable fee of \$_____.00. Further questions or inquiries should be directed to Ms. Maury O'Neill, Secretary-Treasurer, Committee of Adjustment, (705) 856-2244 ext. 223.

1. APPLICANT INFORMATION

1.1 Name of Applicant _____
Address _____

Telephone Number(s) _____

1.2 *Name, telephone number and address of Owner(s), if different from the applicant. (Joint ownership must be shown.) An Owner's Authorization is required in Section 11.1, if the applicant is not the Owner.*

1.3 *Name, telephone number and address of the person who is to be contacted about the application, if different than the applicant. (This may be a person or firm acting on behalf of the applicant.)*

2. LOCATION OF SUBJECT LAND (Complete applicable lines)

2.1. District District of Algoma
Municipality Municipality of Wawa
Lot Number(s) _____
Parcel Number(s) _____
Registered Plan No(s). _____
Lot(s), Block(s) _____
Mining Claim No. _____
Part Number(s) _____
Street No. _____ Name of Street/Road _____

2.2. *Are there any easements or restrictive covenants affecting the subject land?*

Yes No

If YES, please describe the easement or covenant and its effect.

3. PURPOSE OF THE APPLICATION

3.1. Type and purpose of proposed transaction: (check appropriate box):

- | | |
|--|--|
| <input type="checkbox"/> CONSENT - Creation of New Lot | <input type="checkbox"/> AMENDMENT ZONING BY-LAW |
| <input type="checkbox"/> DEEMING – Consolidate Parcels | <input type="checkbox"/> AMENDMENT OFFICIAL PLAN |
| <input type="checkbox"/> MINOR VARIANCE - Zoning | <input type="checkbox"/> CORRECTION OF TITLE |
| <input type="checkbox"/> EASEMENT | |

3.2. Name of person(s), if known, to whom land or interest in land is to be transferred, leased or charged:

3.3. If a lot to be subdivided, identify the land of which the parcel that will be separated.

3.4. If lots to be consolidated, identify all lands to which application applies.

3.5. If minor variance, identify nature and extent of relief applied for.

3.6. If amendment to Zoning By-Law, identify nature and extent of relief applied for.

3.7. If amendment to Official Plan, identify nature and extent of relief applied for.

3.8. Reason(s) for amendment to Zoning By-Law or Official Plan.

4. DESCRIPTION OF SUBJECT LAND AND SERVICING INFORMATION

4.1. Description of land affected or retained:

FRONTAGE _____ DEPTH _____ AREA _____

Existing and Proposed Building(s) or Structure(s):

Type of Access (check appropriate box)

- Provincial Highway
- Municipal Road, maintained all year
- Municipal Road, seasonally maintained
- Other Public Road
- Right-of-Way

Type of Water Supply Proposed (check appropriate box)

- Publicly Owned and Operated Piped Water System
- Privately Owned and Operated Individual Well
- Privately Owned and Operated Communal Well
- Lake or Other Water Body
- Other means

Type of Sewage Disposal Proposed (check appropriate box)

- Publicly Owned and Operated Sanitary Sewer System
- Privately Owned and Operated Individual Septic Tank
- Privately Owned and Operated Communal Septic Tank
- Privy
- Other means

A certificate of approval from the Algoma Public Health 18 Ganley Street, (705-856-7208) or Ministry of Environment 289 Bay Street, 3rd Floor, (705-942-6354) submitted with this Application will facilitate the review.

4.2. Description of land intended to be severed:

FRONTAGE _____ DEPTH _____ AREA _____

Particulars of all Existing Building(s) and Structure(s) and Existing Use:

Particulars of all Proposed Building(s) or Structure(s) and Proposed Use:

Location of all Existing Building(s) or Structure(s):

Location of all Proposed Building(s) or Structure(s):

Type of Access (check appropriate box)

- Provincial Highway
- Municipal Road, maintained all year
- Municipal Road, seasonally maintained
- Other Public Road
- Right-of-Way

Type of Water Supply Proposed (check appropriate box)

- Publicly Owned and Operated Piped Water System
- Privately Owned and Operated Individual Well
- Privately Owned and Operated Communal Well
- Lake or Other Water Body
- Other means

Description of land intended to be severed: cont'd

Type of Sewage Disposal Proposed (check appropriate space)

- Publicly Owned and Operated Sanitary Sewer System
- Privately Owned and Operated Individual Septic Tank
- Privately Owned and Operated Communal Septic Tank
- Privy
- Other means

A certificate of approval from the Algoma Public Health 18 Ganley Street, (705-856-7208) or Ministry of Environment 289 Bay Street, 3rd Floor, (705-942-6354) submitted with this Application will facilitate the review.

4.3. Other Services (check if the service is available):

- Electricity
- Telephone
- School Bussing
- Garbage Collection

5. LAND USE

5.1. What is the present OFFICIAL PLAN designation(s) of the subject land?

5.2. What is the present ZONING of the subject land?

5.3. Are any of the following uses of features (A) on the subject land or (B) within 500 metres (1640 ft.) of the subject land, unless otherwise specified? Please check if any apply.

Use or Feature	(A)	(B)
• An agricultural operation, including livestock facility	<input type="checkbox"/>	<input type="checkbox"/>
• A landfill	<input type="checkbox"/>	<input type="checkbox"/>
• A sewage treatment plant or waste stabilization plant	<input type="checkbox"/>	<input type="checkbox"/>
• Flood plain	<input type="checkbox"/>	<input type="checkbox"/>
• An industrial or commercial use, specify use(s)	<input type="checkbox"/>	<input type="checkbox"/>
• An active railway line	<input type="checkbox"/>	<input type="checkbox"/>
• A municipal or federal airport	<input type="checkbox"/>	<input type="checkbox"/>
• A provincially significant wetland (Class 1, 2, or 3 wetland)	<input type="checkbox"/>	<input type="checkbox"/>
• A provincially significant wetland within 120 metres (395 ft.) of the subject lands	<input type="checkbox"/>	<input type="checkbox"/>

6. HISTORY OF SUBJECT LAND

6.1 Has the subject land ever been the subject of an application for approval of a plan of subdivision or a consent under the Planning Act?

Yes No Unknown

If yes, and known, please provide the file number and the decision made on the application.

6.2 Has any land been severed from the parcel originally acquired by the owner of the subject land?

Yes No Unknown

If yes, and known, please provide for each parcel severed, the date of transfer, the name of the transferee and the land use.

7. CURRENT APPLICATIONS

7.1 Is the subject land currently the subject of a proposed Official Plan or Official Plan Amendment that has been submitted to the Minister for approval?

Yes No Unknown

7.2 *If yes, and known, please specify the Ministry file number and status of the application.*

Is the subject land the subject of an application for a Zoning By-Law Amendment, minor variance, consent or approval of plan of subdivision?

Yes No Unknown

If yes, and known, please specify the appropriate file number and status of the application.

8. SKETCH (Use the attached a Sketch Sheet on page 11)

The application must be accompanied by a Sketch showing the following:

- ◆ the boundaries and dimensions of the subject land;
- ◆ the location, size and type of all existing and proposed buildings and structures on the subject land, indicating the distance of the buildings and structures from the front yard line, rear yard lot line and side yard lot lines;
- ◆ the approximate location of all natural and artificial features on the subject land and adjacent lands that in the opinion of the applicant may affect the application, such as buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded area, wells and septic tanks;
- ◆ The current zoning and uses of subject land and current zoning and use(s) on adjacent lands;
- ◆ the distance between the subject land and the nearest township lot line or landmark, such as a railway crossing or bridge;
- ◆ the location of all land previously severed from the parcel originally acquired by the current owner of the subject land;
- ◆ the location, width and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public travelled road, a private road or a right-of-way; and location and nature of any easement affecting the subject land.

9. OTHER INFORMATION

- 9.1** *Is there any other information that you think may be useful to the Committee or other agencies in reviewing this application? If so, please explain below or attach on a separate page.*
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10. AFFIDAVIT OR SWORN DECLARATION

10.1 I, _____, of the Municipality of Wawa, in the District of Algoma, make oath and say (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 BEFORE ME AT THE
MUNICIPALITY OF WAWA
IN THE DISTRICT OF ALGOMA**

COMMISSIONER OF OATHS

APPLICANT

Dated this _____ day of _____, 20 _____

11. AUTHORIZATION

11.1 *If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the applicant is authorized to make the application must be included with this form or the authorization set out below must be completed.*

**AUTHORIZATION OF OWNER FOR AGENT
TO MAKE APPLICATION**

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

DATE

SIGNATURE OF OWNER

11.2 If the applicant is not the owner of the land that is the subject of this application, please complete the authorization of the owner concerning personal information set out below.

**AUTHORIZATION OF OWNER FOR AGENT
TO PROVIDE PERSONAL INFORMATION**

I, _____ am the owner of the land that is the subject of this application for a consent and for the purposes of the **Freedom of Information and Protection of Privacy Act**, I authorize _____ as my agent for this application, to provide any of my personal information that will be included in this application or collected during the processing of the application.

DATE

SIGNATURE OF OWNER

12. CONSENT OF THE OWNER

Complete the consent of the owner concerning personal information set out below.

**CONSENT OF THE OWNER TO USE AND
DISCLOSURE OF PERSONAL INFORMATION**

I, _____ am the owner of the land that is the subject of this application for a consent and for the purposes of the **Freedom of Information and Protection of Privacy Act**, I authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the **Planning Act** for the purpose of processing this application.

DATE

SIGNATURE OF OWNER

The Committee of Adjustment will assign a **FILE NUMBER** for complete applications and this should be used in all communications.

SKETCH SHEET

