

**SITE PLAN REQUIRED**

**PLEASE USE INK**

**FEE: \$600.00**

**\$1,200.00** (Construction started without building permit)

FILE # \_\_\_\_\_

ROLL # 5627 - - -

Reviewed by: \_\_\_\_\_



# CITY OF TIMMINS MINOR VARIANCE OR CHANGE OF USE APPLICATION



(Pursuant to Section 45 of the *Planning Act*, R.S.O. 1990, c.P. 13, As Amended)

**1. Owner Information**

Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_

**2. Authorized Agent Information**

Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_

**3. Nature and extent of relief applied for:**

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

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**5. Legal Description of the Subject Land**

Property Address \_\_\_\_\_

Township, Concession, Lot \_\_\_\_\_

Plan (Plan/Lot or Plan, Part) \_\_\_\_\_

Parcel \_\_\_\_\_

**6. Dimensions of subject land:**

Frontage \_\_\_\_\_ Area \_\_\_\_\_

Depth \_\_\_\_\_

**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 land:**

\_\_\_\_\_

**10. Existing uses of abutting lands:**

\_\_\_\_\_

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

\_\_\_\_\_

**12. Available Services:**

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Water          | <input type="checkbox"/> Connected |
| <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Connected |
| <input type="checkbox"/> Storm Sewer    |                                    |
| <input type="checkbox"/> Septic Tank    | <input type="checkbox"/> Connected |
| <input type="checkbox"/> Well           | <input type="checkbox"/> Connected |

13. **Present Official Plan provisions applying to the subject land:**

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

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

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

Application File No.: \_\_\_\_\_ Application Status: \_\_\_\_\_

No

Unknown

16. **Has the owner previously applied for a minor variance in respect of the subject land:**

Yes

No

If answer is yes, describe briefly:

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17. **If the subject property the subject of a current application for consent under Section 53 of the Planning Act.**

Yes

No

**NOTES:**

1. It is required that one 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 the fee in cash or by cheque made payable to the Treasurer of the City of Timmins.
2. Each 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 a building location by an Ontario Land Surveyor.

**18. Applicant Declaration**

I, \_\_\_\_\_ of the City/Town 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 City of Timmins  
in the District of Cochrane, this \_\_\_\_\_  
day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Owner/ Agent's Signature

\_\_\_\_\_  
A Commissioner, etc.

**19. Permission to Enter Property**

I/We \_\_\_\_\_ hereby authorize the members of the  
Committee of Adjustment, members of the staff of the City of Timmins and designated consultants to  
enter onto the above-noted property for the limited purposes of evaluating the merits of this application  
over the time this application is under consideration by the City of Timmins.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/ Agent's Signature

**20. Owner Authorization**

I/We \_\_\_\_\_, the owners of the property subject of this  
application, hereby authorize \_\_\_\_\_ to make this  
application on my/our behalf to the Corporation of the City of Timmins.

\_\_\_\_\_  
Witness (other than applicant)

\_\_\_\_\_  
Owner's Signature

**Planning Staff Shall Review Applications  
Prior to Submission:**

Planning Division  
220 Algonquin Boulevard East,  
Timmins, ON, P4N 1B3  
Tel: 705-360-2600 Ext. 3336

**Reviewed Applications Shall be Submitted  
To:**

Keshia Horbul, Secretary-Treasurer  
Timmins Committee of Adjustment  
220 Algonquin Boulevard East,  
Timmins, ON, P4N 1B3  
Tel: 705-360-2600 Ext. 2467