



Application for MINOR VARIANCE

File:

The undersigned hereby applies to the Committee of Adjustment for the Town of Milton under Section 45 of the *Planning Act*, R.S.O., 1990, cP.13 as amended, for relief described in this application from the Town of Milton Comprehensive Zoning By-law. The *Planning Act* requires that complete applications be filed before the application(s) may be considered. The requirements for a complete application are defined in the *Planning Act*, its Regulations and the Town of Milton Official Plan. Applications may be refused when incomplete.

Application Type	
Applicable Zoning By-law: <input type="checkbox"/> By-law 016-2014, as amended (URBAN) <input type="checkbox"/> By-law 144-2003, as amended (RURAL)	Applicable Section of the Planning Act: <input type="checkbox"/> Section 45(1) <input type="checkbox"/> Section 45(2)*
*For applications made under Section 45(2)(i) applicant must provide evidence that the land, building or structure lawfully existed prior to the enactment of the current By-law and that the use has been continuous until the date of the application.	

THIS APPLICATION FORM IS TO BE COMPLETED IN FULL OR IT WILL BE DEEMED INCOMPLETE AND RETURNED

REGISTERED OWNER (INDICATE ALL REGISTERED OWNERS AS SHOWN ON PROPERTY DEED)	
Property Owner(s):	
Mailing Address:	
City:	Postal Code:
Phone:	Email:

Authorized Agent Information (AS AUTHORIZED ON PAGE 4 OF THIS APPLICATION)	
Agent/Applicant:	
Mailing Address:	
City:	Postal Code:
Phone:	Email:
Primary contact for ALL communications on this application: <input type="checkbox"/> Owner <input type="checkbox"/> Agent	

Property Information (TO BE COMPLETED IN FULL)		
Municipal Address:		
Lot/Block:	Concession:	Plan No.
Property Assessment Roll Number:		
Frontage: _____ metres	Depth: _____ metres	Area: _____ hectares
Access: <input type="checkbox"/> Municipal Road <input type="checkbox"/> Regional Road <input type="checkbox"/> Provincial Highway <input type="checkbox"/> Easement/Right-of-Way		
Easements: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please specify:
Land Subject to Conservation Authority Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: <input type="checkbox"/> Conservation Halton <input type="checkbox"/> Grand River CA <input type="checkbox"/> Credit Valley CA If yes, has the applicant contact CA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, - Status:		

Purpose of Application (Check all that apply):

New Build Addition Accessory Structure Driveway Parking Change of Use

Other, please specify:

Relief required from the Zoning By-law:

(Please identify the relief you are requesting and the relevant Zoning By-law standard/requirement. If additional space is required, attach a separate sheet/letter.)

Provision	Proposed	Requirement:
<i>Example: Increased Lot Coverage</i>	<i>37.5%</i>	<i>25%</i>

Why is it not possible to comply with the Zoning By-law requirements? (Please describe the request and explain why it is not possible to comply with the provisions set out in the Town's Zoning By-law. If additional space is required, attach a separate sheet/letter.)

***Section 45(2) of the *Planning Act* (Expansion to a Legal Non-Conforming Use)**

NOT APPLICABLE; *no further detail required*

APPLICABLE - the following to be completed:

Date subject land was acquired by the current owner:

The date the existing buildings and structures were constructed on the subject land:

The length of UNINTERRUPTED time the existing uses of the subject land have continued:

Has verification of legal non-conforming status been provided, to the satisfaction of Town Zoning Staff:

Yes No If yes, provide details:

Land Use	
Official Plan Designation:	Zoning By-law Designation:
Existing Use of the Subject Lands:	
Proposed Use of the Subject Lands:	
Please consult with the Planning Department to identify the Official Plan and Zoning By-law Designation.	

Municipal Services and Access:	
Water: <input type="checkbox"/> Regional <input type="checkbox"/> Private (Well)	Sewage Disposal: <input type="checkbox"/> Regional <input type="checkbox"/> Private (Septic)
Storm Drainage: <input type="checkbox"/> Sewers <input type="checkbox"/> Ditches <input type="checkbox"/> Swales <input type="checkbox"/> Rear Lot Catchbasin <input type="checkbox"/> Other:	

Details of all EXISTING building(s) and structure(s) on the subject land. Please specify: (METRIC ONLY)	
Type of Building(s) and/or Structure(s):	
Current Land Use:	
Gross Floor Area or Dimensions:	
Front Yard Setback:	
Rear Yard Setback:	
Side Yard Setback:	
Height of Building/Structure:	

Details of all PROPOSED building(s) and structure(s) on the subject land. Please specify: (METRIC ONLY)	
Type of Building(s) and/or Structure(s):	
Proposed Land Use:	
Gross Floor Area or Dimensions:	
Front Yard Setback:	
Rear Yard Setback:	
Side Yard Setback:	
Height of Building/Structure:	

Other Applications:			
If known, is or was the subject land the subject of any of the following development applications:			
Building Permit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Building Violation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Consent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Minor Variance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Official Plan Amendment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Site Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Plan of Subdivision:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Zoning By-law Amendment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.

Heritage Review:		
Is/are property/structure(s) on Town's Heritage List?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is property located within the Town's Site Plan Control Character Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is building(s)/structure(s) on property 40 years or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe:		



Permissions by Owner or Authorized Agent

One original (signed and witnessed) copy of this form is required, per application.

I/We consent to the Members of the Milton Committee of Adjustment or a representative of the Committee and/or Town of Milton Staff entering onto and inspecting the subject lands and structures for the limited purpose of evaluating the merits of this application.

I/We have reviewed the fees for applications and the refund policy that forms part of this application form.

I/We hereby further authorize the Town of Milton to release municipal property tax information to the applicant and/or agent named within the attached application, for the specific property location, referenced therein.

I/We also consent to the registration in the Halton Registry Office against the subject lands of the final decision, associated agreement, and/or an undertaking given by me/us.

Dated at the _____ in the _____
(e.g. Town of Milton) (e.g. Region of Halton)

This _____ day of _____, _____
(Day) (Month) (Year)

I/We _____ of the
(Full Name(s) as shown on the Registered Title)

_____ in the _____
(e.g. Town of Milton) (e.g. Region of Halton)

solemnly declare that all the above statements contained in this application are true and I/we 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".

I/We also acknowledge that the information requested on this form is collected under the authority of the *Planning Act*, R.S.O. 1990, Chapter P.13, as amended and the provisions of the Municipal Freedom of Information and Protection of Privacy Act. The information is required in order to process this application and forms part of the public record which may be published on the Town of Milton's website. The name and business address of the applicant and/or authorized agent is public information. Any personal information collected will only be used for the internal processing of this application. Questions about this collection can be made to the Town of Milton's Development Services Department.

Note: The signature of the applicant or authorized agency must be witnessed by a Commissioner, etc. A Commissioner is available in the Development Services Department, if needed.

Declared before me at the _____ of _____
in the _____ of _____
this _____ day of _____ 2 _____

A Commissioner, etc.

Signature of Applicant or Authorized Agent

I have authority to bind the Corporation

Signature of Applicant or Authorized Agent

I have the authority to bind the Corporation



APPOINTMENT AND AUTHORIZATION
TO BE SIGNED BY ALL REGISTERED OWNERS OF THE PROPERTY

Important: If an Agent will not be representing the Property Owner(s) and Page 4 of the application form has been signed by all property owners (in the presence of a Commissioner for Taking Affidavits), this supplementary authorization form is not generally required.

This authorization page must be completed when: (a) all owners have not duly signed the application form itself; and/or (b) an Agent (other than the owner) will be providing representation in the matter; (c) a property is being sold and the purchaser will be undertaking the application process (owner/vendor signature/authorization is required, plus a copy of binding Offer of Purchase and Sale).

When deemed to be required, one copy of this authorization (with original signatures) is to be provided with the submission of the complete application package.

I/We, the undersigned, being the registered property owner(s) of

(Legal description or Municipal Address)

hereby authorize _____
(Authorized Agent's Name)

as my/our agent for the purpose of submitting an application(s) to the Committee of Adjustment and acting on my/our behalf in relation to this application.

Dated this _____ day of _____ 2_____.

Signature of the Owner

Signature of Owner

Print Owner Name

Print Owner Name

NOTES:

1. If the Owner is a Corporation, this appointment and authorization shall include the statement that the person signing this appointment and authorization has authority to bind the Corporation (or alternatively, the corporate seal shall be affixed hereto).
2. If someone other than the Owner and/or Authorized Agent will be attending the Public Hearing to address the Committee, a written notice from the Owner or Authorized Agent is to be provided to the Committee Secretary-Treasurer in advance.