



Minor Variance Guide & Application



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The Committee of Adjustment is appointed by Council and consists of citizen members. If an applicant wishes to use or develop their property in a way that does not conform to the requirements of the Zoning By-Law, but meets the general intent, they can apply for relief through submission of a minor variance application.

Submission Requirements

The following supplementary and supporting documents and materials may be required to be submitted with a Minor Variance application as determined at the pre-consultation stage:

- One copy (11" X 17") of a survey or sketch prepared by an Ontario Land Surveyor or other professional that clearly identifies the following in **metric** units:
 - Parcel of land subject to the application, including any easements
 - Building dimensions, height and size of all existing and proposed structures
 - Percentage of lot coverage by all structures
 - Percentage of lot coverage by all accessory structures
 - Location of private well and sewage disposal system (if applicable)
 - Any trees to be removed/replaced as a result of proposed construction

Note: Additional information and material may be required in response to a particular development proposal, or raised through the review process. **Additional sets** of these documents may be required to accompany the application upon submission.

Minor Variance Process

1. Pre-Consultation

- Applicant submits preliminary project proposal at pre-consultation meeting with Staff and external agency representatives as required
- Supporting documents and studies for application determined
- Applicants to be advised that COA members will attend site

2. Application Submission

- 'Complete' application submitted with all supporting documents and fees

3. Application Circulation & Review

- Application is circulated to Staff and external agency representatives to solicit formal written comments
- Application is also circulated to Committee of Adjustment members

4. Notice of Statutory Public Meeting (COA Hearing)

- Personal notice is circulated to all property owners within 60m of the subject lands and posted on the Township website
- A sign is installed on the subject property by the Applicant

5. Committee of Adjustment Hearing

- Application is considered by the Committee of Adjustment
- Public provided with opportunity to comment on proposal (verbal or written)

6. Decision

• Approval

○ Building Permit Issued

- Following expiry of the 20-day appeal period

○ Appeal

- Decision can be appealed to Ontario Land Tribunal (OLT) during a 20 day period following date of decision

• Refusal

○ Appeal

- Decision can be appealed to Ontario Land Tribunal (OLT) during a 20 day period following date of decision



Application for Minor Variance

OFFICE USE ONLY

DATE RECEIVED				
DATE DEEMED COMPLETE				
FILE NO.				
ROLL NO.				
RECEIPT NO.				
OTHER SUBMISSIONS:				
REGIONAL OFFICIAL PLAN	No <input type="checkbox"/>	Yes <input type="checkbox"/>	File No.	
TOWNSHIP OFFICIAL PLAN	No <input type="checkbox"/>	Yes <input type="checkbox"/>	File No.	
SITE PLAN APPROVAL	No <input type="checkbox"/>	Yes <input type="checkbox"/>	File No.	
LAND DIVISION	NO <input type="checkbox"/>	YES <input type="checkbox"/>	FILE NO.	

Pursuant to the provisions of the Planning Act, R.S.O. 1990, I/We hereby submit an application to the Township of Scugog Committee of Adjustment for a minor variance (as hereinafter set out) from By-law No. 14-14, as otherwise amended, of the Corporation of the Township of Scugog, in respect of the lands hereinafter described.

1. Fees

The following application fee must be submitted with the application:

- \$1,850.00 Residential
- \$2,480.00 Other than Residential
- \$375.00 Application Tabling Fee

In addition to the fee mentioned above the following fees are also required:

- \$200.00 payable to the Township of Scugog for the Development Sign (Applies to Other than Residential applications only)
- \$287.00 payable to the Region of Durham Health Department (Applies to lands serviced by private well and/or private sewage disposal system only)

Check with the Municipal Staff to determine which one of the following will apply:

- \$840.00 (+\$3,300.00/technical report) payable to the Central Lake Ontario Conservation Authority (CLOCA)
- \$500.00 payable to Kawartha Region Conservation Authority (KRCA)
- \$525.00 (Minor) or \$2,038 (Major) payable to the Lake Simcoe Region Conservation Authority (LSRCA)

2. **Summary of Proposal:** _____

3. **CONTACT INFORMATION**
APPLICANT (PRIMARY CORRESPONDANT): _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

AUTHORIZED AGENT: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

REGISTERED OWNER(S): _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

ALL COMMUNICATIONS TO BE FORWARDED TO: (Check one only)

APPLICANT AGENT OWNER

4. **DETAILS OF SUBJECT PROPERTY**
LOCATION/DESCRIPTION OF SUBJECT PROPERTY:

MUNICIPAL ADDRESS: _____

LEGAL DESCRIPTION: _____

ASSESSMENT ROLL #: _____

DIMENSIONS OF ENTIRE PROPERTY

LOT AREA: _____ AVERAGE FRONTAGE: _____

AVERAGE DEPTH: _____

SERVICES (Check one in each category)

Water Supply: Municipal Existing Proposed

 Private Well Existing Proposed

Sewage Disposal: Municipal Existing Proposed

 Private Existing Proposed

Storm Drainage: Open Ditch Existing Proposed

 Curb/Gutter Existing Proposed

 Other (specify) _____

Road Access: Municipal Street Name: _____

 Regional Street Name: _____

 Provincial Street Name: _____

 Private Street Name: _____

**5. EXISTING AND PROPOSED USE OF SUBJECT LANDS
LAND USE DESIGNATION**

SCUGOG OFFICIAL PLAN: _____

REGIONAL OFFICIAL PLAN: _____

ZONING BY-LAW 14-14 CATEGORY

CURRENT: _____

EXISTING STRUCTURES

PRINCIPAL STRUCTURE

DATE OF CONSTRUCTION: _____

GROSS FLOOR AREA: _____ HEIGHT: _____

TYPE OF CONSTRUCTION: _____

ACCESSORY STRUCTURE(S)

DATE OF CONSTRUCTION: _____

GROSS FLOOR AREA: _____ HEIGHT: _____

TYPE OF CONSTRUCTION: _____

PROPOSED STRUCTURES (CHECK ONLY THOSE THAT APPLY)

NEW PRINCIPAL STRUCTURE

- NEW ACCESSORY STRUCTURE
- ADDITION TO EXISTING PRINCIPAL STRUCTURE
- ADDITION TO EXISTING ACCESSORY STRUCTURE

GROSS FLOOR AREA: _____ HEIGHT: _____

TYPE OF CONSTRUCTION: _____

HAS THIS PROPERTY BEEN THE SUBJECT OF A PREVIOUS APPLICATION FOR MINOR VARIANCE?

YES FILE NO. _____ NO

6. CONCURRENT OR SUBSEQUENT APPLICATION SUBMISSIONS FOR THE SUBJECT LAND (OR LANDS WITHIN 120 METRES):

REGIONAL OFFICIAL PLAN	NO <input type="checkbox"/>	YES <input type="checkbox"/>	FILE NO. _____
SCUGOG OFFICIAL PLAN	NO <input type="checkbox"/>	YES <input type="checkbox"/>	FILE NO. _____
SITE PLAN APPROVAL	NO <input type="checkbox"/>	YES <input type="checkbox"/>	FILE NO. _____
CONSENT	NO <input type="checkbox"/>	YES <input type="checkbox"/>	FILE NO. _____
PLAN OF SUBDIVISION	NO <input type="checkbox"/>	YES <input type="checkbox"/>	FILE NO. _____
PLAN OF CONDOMINIUM	NO <input type="checkbox"/>	YES <input type="checkbox"/>	FILE NO. _____
REZONING	NO <input type="checkbox"/>	YES <input type="checkbox"/>	FILE NO. _____
MINOR VARIANCE	NO <input type="checkbox"/>	YES <input type="checkbox"/>	FILE NO. _____

7. DETAILS OF ADJACENT PROPERTIES ADJACENT LAND USE

NORTH: _____

SOUTH: _____

EAST: _____

WEST: _____

8. DETAILS OF PROPOSED MINOR VARIANCE DESCRIBE THE MINOR VARIANCE(S) REQUIRED (Identify those sections of the by-law from which the relief is required): _____

REASON(S) WHY THE BY-LAW REQUIREMENTS CANNOT BE MET: _____

9. AUTHORIZATION OF PROPERTY OWNER FOR AGENT TO MAKE THE APPLICATION:
If the Applicant/Agent is NOT the Owner(s) of the property that is the subject of this application, the written authorization of the Owner(s) that the Applicant/Agent is authorized to make the application, must be included with this application, or the Authorization set out below must be completed.

I/We _____ am/are the Owner(s) of the property that is the subject of this Minor Variance Application and I/we authorize _____ to make this application on my/our behalf.

Signature

Date

Signature

Date

10. AUTHORIZATION OF OWNER FOR DISCLOSURE OF PERSONAL INFORMATION
I/We _____ am/are the Owner(s) of the property that is the subject of this Minor Variance Application and I/we, for the purposes of the Freedom of Information and Protection of Privacy Act, consent to the disclosure of any personal

information provided in the processing of this application, under the Planning Act, to any person or public body.

Signature

Date

Signature

Date

11. AFFIDAVIT TO BE SIGNED IN THE PRESENCE OF A COMMISSIONER

I/We _____ of the _____ of _____
_____ in the _____ of _____, do solemnly declare that:

I/We enclose herewith the non-refundable fees for this application and agree to pay any further costs which may be determined by the Council of the Township of Scugog (i.e. legal, planning engineering, etc.). In addition, depending on the nature of the application, a Financial Agreement with the municipality may be required to cover the cost of consulting services rendered to the Township in conjunction with the processing of this application. I/We also agree to reimburse the Township of Scugog for any costs which may be incurred before the Ontario Land Tribunal and/or awarded by that Board arising as a result of this application; and

All above statements contained within and any information submitted with 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*”.

DECLARED before me at the	
_____ of _____	
in the _____ of _____	
this _____ day of _____, 20__.	Signature of Applicant or Agent
	Signature of Applicant or Agent
A Commissioner, etc.	

MINIMUM DISTANCE SEPARATION (MDS) DATA SHEET (Check if N/A)

To be completed when applying for a new non-farm use within 500 metres (1640 feet) of an existing livestock facility.
 Complete one sheet for each different set of buildings used for housing livestock.

Closest distance from livestock facility to the property boundary of the proposed change in land use: _____ metres.

Closest distance from manure storage to the property boundary of the proposed change in land use: _____ metres.

Tillable hectares where livestock facility located: _____ hectares.

Type of Livestock		Manure System (Place an "x" in one box only)				
		Maximum Housing Capacity #	Covered Tank	Open Solid Storage	Open Liquid Tank	Earthen Manure Storage
DAIRY	<input type="checkbox"/> Milking Cows <input type="checkbox"/> Heifers					
BEEF	<input type="checkbox"/> Cows (Barn confinement) <input type="checkbox"/> Cows (Barn with yard) <input type="checkbox"/> Feeders (Barn confinement) <input type="checkbox"/> Feeders (Barn with yard)					
SWINE	<input type="checkbox"/> Sows <input type="checkbox"/> Weaners <input type="checkbox"/> Feeder Hogs					
POULTRY	<input type="checkbox"/> Chicken Broiler/Roasters <input type="checkbox"/> Caged Layers <input type="checkbox"/> Chicken Breeder Layers <input type="checkbox"/> Pullets <input type="checkbox"/> Meat Turkeys (>10kg) <input type="checkbox"/> Meat Turkeys (5-10kg) <input type="checkbox"/> Meat Turkeys (<5kg) <input type="checkbox"/> Turkey Breeder Layers					
HORSES	<input type="checkbox"/> Horses					
SHEEP	<input type="checkbox"/> Adult Sheep <input type="checkbox"/> Feeder Lambs					
MINK	<input type="checkbox"/> Adults					
VEAL	<input type="checkbox"/> White Veal Calves					
GOATS	<input type="checkbox"/> Adult Goats <input type="checkbox"/> Feeder Goats					
OTHER	<input type="checkbox"/> (_____)					

Owner of Livestock Facility: _____ Telephone: (_____)

The above information was prepared by: _____

Name (Please Print)

Signature

Date