



You're in Good Company

TOWN OF AURORA

MINOR VARIANCE OR PERMISSION APPLICATION FORM

PLANNING AND DEVELOPMENT SERVICES

**Development Planning Division
Committee of Adjustment Section**

Phone: 905-727-3123 ext. 4226

Fax: 905-726-4736

Email: planning@aurora.ca



MINOR VARIANCE OR PERMISSION
APPLICATION FORM

FOR OFFICE USE ONLY	
Application Received By:	
Application File Number:	Date Received:
Assigned Application File Name:	
Other Related Application Numbers on Property:	

This Application Form is available in digital format on the Town’s Website under Planning and Development Services or please contact planning@aurora.ca via e-mail or by calling 905-727-3123 ext. 4226 for a copy. A processing fee in the amount specified on the Fee Calculation Worksheet shall be made payable to **The Town of Aurora (Cheque)**, and must be submitted with this Application Form. Please note that this fee is **non-refundable** regardless of the outcome pertaining to this request. Planning Applications will not be accepted unless the full Application Fee and required material is received.

The undersigned hereby applies to the Committee of Adjustment for the Town of Aurora under Section 45 of the *Planning Act*, for relief, as described in this Application Form, from the Town’s Comprehensive Zoning By-law (as Amended).

(Please check off relevant box or both boxes for joint Applications)

- MINOR VARIANCE APPLICATION**
- PERMISSION APPLICATION**

Effective December 2013, the Town of Aurora has implemented a new Preliminary Zoning Review Process that is administered by the Building Division. Applicants who wish to apply to the Committee of Adjustment must first have the Preliminary Zoning Review completed by the Building Division staff. To obtain information regarding this process, please contact building@aurora.ca via e-mail or by calling 905-727-3123 ext. 4388.

1. COMPLETE APPLICATION

When was the Pre-consultation meeting held with Town Staff?

Which staff member(s) were in attendance?

Comment



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2. PRELIMINARY ZONING REVIEW

Is the Preliminary Zoning Review Form completed and attached? Yes No

Is the Application consistent with information provided in the Preliminary Zoning Review Form?

Yes No

If not, you must speak to the Building Division directly.

Has the Owner previously applied for relief under Section 45 of the *Planning Act* (Minor Variance)?

Yes No

If the answer is "Yes", describe briefly _____

Is the subject property *currently* the subject of any Applications under the *Planning Act*?

Yes No

If the answer is "Yes", please indicate File Number and status of the Application _____

3. OWNER/APPLICANT/AGENT INFORMATION:

Registered Owner(s) _____

Address _____

City _____ Province _____

Postal Code _____ Telephone _____

Fax _____ E-mail _____



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Applicant _____
(If different from above)

Address _____

City _____ Province _____

Postal Code _____ Telephone _____

Fax _____ E-mail _____

Agent _____
(Solicitor/Consultant, if applicable)

Contact _____

Address _____

City _____ Province _____

Postal Code _____ Telephone _____

Fax _____ E-mail _____

SEND CORRESPONDENCE TO

(Check off the appropriate box)

- OWNER APPLICANT AGENT ALL



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4. LOCATION AND DESCRIPTION OF PROPERTY

Legal Description of the subject land

Municipal Street Address _____
(If applicable)

Legal Description _____

Other _____

Size of Property

Area _____ (hectares) _____ (acres)

Frontage _____ (meters) _____ (feet)

Depth _____ (meters) _____ (feet)

5. NATURE AND EXTENT OF RELIEF APPLIED FOR:

6. WHY IS IT NOT POSSIBLE TO COMPLY WITH THE PROVISIONS OF THE BY-LAW?

(Please Note: if full reasons are not provided, Town staff will be unable to comment to the Committee and the Committee may defer hearing your Application until a staff response has been obtained.)

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7. SUBJECT LANDS

Particulars of all buildings and structures on or proposed for the subject land *(where applicable)*:

Particulars	Existing (Main Building)	Existing (Accessory Structures)	Proposed
Ground Floor Area	m ²	m ²	m ²
Number of Storeys			
Width			
Length			
Height			

Location of all buildings and structures on or proposed for the subject lands:

Setbacks	Existing (Main Building)	Existing (Accessory Structures)	Proposed
Front			
Rear			
Side			
Side			

Note: the Applicant must submit a Site Plan, together with any photographs or drawings (such as floor plans or elevation plans) which may assist the Committee, if applicable.

Year of acquisition of subject land _____

Year of construction of all buildings and structures on subject land _____



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Existing or proposed uses of the subject property _____

Existing uses of abutting properties _____

Length of time the existing uses of the subject property have continued _____

8. ACCESS Type of Road Access
(Check off the appropriate box)

- Provincial highway
- Municipal road (maintained all year)
- Another public road or a right-of-way

9. WATER SUPPLY Water Supply provided by:
(Check off the appropriate box)

- Publicly owned and operated piped water system
- Privately owned and operated individual well
- Privately owned and operated communal well
- Lake or other body of water
- Other means

10. SEWAGE DISPOSAL Sewage Disposal provided by:
(Check off the appropriate box)

- Publicly owned and operated sanitary sewage system
- Privately owned and operated individual sewage system
- Privately owned and operated communal septic system
- Other means



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11. STORMWATER MANAGEMENT Storm Drainage provided by:
(Check off the appropriate box)

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Sewers | <input type="checkbox"/> Swales |
| <input type="checkbox"/> Ditches | <input type="checkbox"/> Other means |

If a property is not municipally or publicly serviced, have you had the *On-site Sewage System Form* reviewed and completed by the Building Division staff?

- Yes No

If not, you are requested to contact the Building Division staff directly.

12. FEE CALCULATION WORKSHEET

Are the applicable fees attached? Yes No

Is the Fee Calculation Worksheet completed and attached? Yes No

Comment _____



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AFFIDAVIT

I/We	of the Municipality of
In the Region of	
solemnly declare that all the statements contained in this Application Form 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 <i>The Canada Evidence Act</i> .	
SWORN before me at the(City/Town)	of(Municipality)
in the (Region, if Applicable)	of
This	day of , 20
Owner/Agent or Applicant	
Commissioner for Taking Affidavits, etc.	



MINOR VARIANCE OR PERMISSION
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AUTHORIZATION OF OWNER

I/We,	
Hereby authorize (Name of Agent or person authorized to sign this Application Form)	
to act as our Agent to sign this Application Form, to appear on my/our behalf at any hearing(s) in respect of the Application and to provide any information or material required by the Town in connection with this Application Form and I/We hereby authorize the Town to collect such information from my/our client.	
Address	
Legal Description	
Signature(s) of Owner(s)	
Name of corporation	
Name	Title
Dated this day of , 20	
Signing Officer Signature and Corporation seals, if applicable	
Per Name of corporation	
Name	Title
I/We have the authority to bind the corporation	



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DECLARATION OF SITE PLAN

I,	
with respect to the Site Plan submitted with this Consent Application hereby declare that (please select one of the following):	
<input type="checkbox"/>	Where the Site Plan is a photocopy of a survey, I am the Owner of the copyright in the survey and hereby authorize the Town of Aurora to circulate this site plan;
<input type="checkbox"/>	The Site Plan of the property submitted by myself contains siting information provided by me and does not violate copyright in any survey related to the property which is the subject of this Application Form.
Dated this	day of 20
Signature of Owner/Applicant or Agent	



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SIGN POSTING AFFIDAVIT

In the matter of the following Application(s) to the Town of Aurora Committee of Adjustment,	
Consent Application Number	
Last day for Posting Sign	
I/We	
hereby confirm that the required sign has been posted on the subject property in a prominent location	
at (Property Location/Address)	
on (Date of Posting)	
I did cause the Notice(s) of the Applicant(s) provided to me (the Applicant as the case may be) by the Secretary-Treasurer of the Committee of Adjustment of the Town of Aurora to be posted so as to be clearly visible and legible from a public highway, or other place to which the public has access on the subject land of the Application(s) or, where posting on the property was impractical, at a nearby location so as to adequately indicate to the public what property is the subject of the Application(s), in compliance with the <i>Planning Act</i> , R.S.O. 1990, c. P. 13, as amended.	
SWORN before me at the(City/Town)	of(Municipality)
in the (Region if Applicable)	of
This	day of , 20
Owner/Agent or Applicant	
Commissioner for Taking Affidavits, etc.	



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PUBLIC RECORD NOTICE AND RELEASE

Public Record Notice: Pursuant to the section 1.0.1 of the *Planning Act*, R.S.O. 1990, c. P.13, all information and material required in support of your Application Form will be made available to the public.

I understand and agree that my personal information, as well as any other information and material including, but not limited to, drawings, studies, plans, affidavits, etc., provided on this Application Form and/or required as part of this Application Form, will be used to create a record that is available to the general public and I do hereby authorize and consent to the release, disclosure, copying and distribution of any such information and/or material to any person or public body.

I also understand and agree that The Corporation of the Town of Aurora (the "Town") is not responsible for protecting and/or enforcing copyrights or any other intellectual property rights that might attach to any information or material provided or submitted as part of this Application Form.

By signing below, I agree to the foregoing and I also agree to release, waive and forever discharge the Town from all actions, claims, demands, losses, costs, damages, suits, proceedings or liabilities whatsoever related to: (a) the collection, handling and release of any information provided on this Application Form and/or required as part of this Application Form; and (b) any copyright or intellectual property rights that might attach to any information or material submitted as part of this Application Form and made available to the public by the Town pursuant to section 1.0.1 of the *Planning Act*.

Signature of Owner/Applicant or Agent

Date



FEE CALCULATION WORKSHEET
 COMMITTEE OF ADJUSTMENT APPLICATIONS

THIS FORM MUST BE COMPLETED BY APPLICANT FOR CALCULATION OF FEES

BREAKDOWN OF FEES FOR COMMITTEE OF ADJUSTMENTS		
CALCULATIONS		TOTAL
<input type="checkbox"/> CONSENT	\$ 3,480.00	\$ _____
Additional fee per new lot created	\$ 1,748.00	\$ _____
<input type="checkbox"/> Change of conditions	\$ 920.00	\$ _____
<i>(section 53 (23) of the Planning Act - only before final consent is given)</i>		
<input type="checkbox"/> Re-Circulation Fee <i>(Note 7)</i>	\$ 2,617.00	\$ _____
TOTAL CONSENT APPLICATION FEE:		\$ _____
<hr/>		
<input type="checkbox"/> MINOR VARIANCE OR PERMISSION		
a) Oak Ridges Moraine Residential	\$ 1,669.00	\$ _____
b) Ground related Residential zoned lands	\$ 1,998.00	\$ _____
c) Per new lot/unit within a draft Approved Plan of Subdivision	\$ 1,047.00	\$ _____
d) All other uses, including ICI*	\$ 2,449.00	\$ _____
<input type="checkbox"/> Re-Circulation Fee <i>(Note 7)</i>	\$ 1,387.00	\$ _____
TOTAL VARIANCE APPLICATION FEE:		\$ _____
ICI* - Industrial/ Commercial/Institutional Note ⁷ : Required due to an Owner's or Applicant's revisions or deferrals.		
For the Application File to be complete, the required Application Fee must be paid in full, before any processing of the Application will commence.		
TOTAL FEE AMOUNT:		\$ _____
STAFF USE ONLY		
File Name: _____ File No.(s) _____		
Property Address/Legal Description: _____		
Related File(s) _____		
General Ledger Number 1-3-08101-1107		
VERIFICATION OF FEES:		
Indicate Correct Total		\$ _____
Secretary-Treasurer COA _____ Date: _____		