

Committee of Adjustment Application for Minor Variance

Town of Newmarket
395 Mulock Drive
P.O. Box 328, Station Main
Newmarket, ON L3Y 4X7



Effective January 1, 2021, the fee for processing an application to the Committee of Adjustment is:

Minor Variance Fee	\$1,746.52 (including HST)
Lake Simcoe Region Conservation Authority Review Fee (if applicable)	\$525.00

The application fee is payable at the time an application is submitted. Fees may be paid by cheque, cash, debit or credit card. Cheques are to be made payable to “**THE TREASURER, TOWN OF NEWMARKET**” and “**LAKE SIMCOE REGION CONSERVATION AUTHORITY**” respectively. Fees are non-refundable.

NOTICE TO ALL APPLICANTS OF MINOR VARIANCE APPLICATIONS TO THE TOWN OF NEWMARKET COMMITTEE OF ADJUSTMENT

1. Before you prepare and submit your application to be processed by the Committee of Adjustment, it is strongly recommended that you engage with a Planner and/or consult with the Planning and Building Department at the Town of Newmarket to ensure that your proposal is feasible and also to confirm the zoning and the section of the By-law that requires relief.
2. Public notice signs, provided, are required to be posted in a prominent location on the subject property for a minimum of ten (10) days before the scheduled Hearing of the Minor Variance application. **Failure to comply will result in the deferral of the hearing of your application.**
3. **Lake Simcoe Region Conservation Authority (LSRCA)** may require an application review fee to be paid if the property is situated within a mapped area that is subject to O. Reg. 179/06.
4. Pursuant to Subsection 45 of the *Planning Act*, and Ontario Regulation 200/96, the applicant shall provide the Committee of Adjustment with such information or material as the Committee of Adjustment may require. The Committee of Adjustment may refuse to accept or further consider the application until the prescribed information, material and the required fee are received.
5. Personal information on this form is collected under the legal authority of the *Planning Act*, R.S.O. 1990, c.P.13, as amended. This information will be used to process an application for a minor variance or permission for the Committee of Adjustment. Questions about this collection should be directed to the Secretary Treasurer, Town of Newmarket Committee of Adjustment, at the above noted address.
6. Information on this application and any documentation submitted in support of or in opposition constitutes public information and will become part of the public record.

Minor Variance Application Checklist

- Completed Application Form, including:
 - Affidavit or sworn declaration
 - Permission to enter
 - Appointment and authorization
- Application Fees (see cover page of application form and below):
 - Recirculation Fee due to applicant's revisions or deferral request - **\$1,158.25 (includes HST)**
 - Peer Review Costs – **actual costs plus Planning Administrative Fee of 15%** of consultant's fee
 - Town of Newmarket Fee for matters appealed to Local Planning Appeal Tribunal - **\$167.08**
- Parcel Abstract(s)
- Two (2) legible white print copies of a Plan of Survey (8 ½" x 11" or 8 ½" x 14") sketch **drawn to scale, in metric** showing the following:
 - The boundaries and dimensions of the subject land.
 - All existing and proposed structures, including their size, setbacks to property lines and lot coverage.
 - The approximate location of all natural and artificial features on the subject land and on the land that is adjacent to the subject land that, in the opinion of the applicant, may affect the application. Examples include buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded areas, wells and septic tanks.
 - The current uses on the land that is adjacent to 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.
 - The location and nature of any easements affecting the subject land.
- Tree Report Form
- One (1) hard copy and one (1) digital copy of an Arborist Report in accordance with the requirements set forth in the Town's Tree Preservation, Protection, Replacement and Enhancement Policy (if applicable).

Note: The Town shall retain the services of a qualified tree professional to undertake a peer review of any Arborist Report submitted, as required and the Town shall be reimbursed by the applicant at the actual cost for the services rendered by the Town's consultant plus 15% of the consultant's fee.

*** Digital copies of drawings, plans and the arborist report must be provided on a CD or USB key.**

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395 Mulock Drive
P.O. Box 328, Station Main
Newmarket, ON L3Y 4X7



T: 905-953-5300 Ext. 2462
F: 905-953-5140

The undersigned hereby applies to the Committee of Adjustment for the Town of Newmarket under Section 45 of the Planning Act, R.S.O., 1990, c.P.13, as amended.

FILE NUMBER (for office use only)	
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1.0 Applicant Information				<input type="checkbox"/> Primary Contact for Application
Property Owner(s):				
Address:	City:	Postal Code:	Province:	
Phone:		Alt. Phone:		
Email:		Fax:		

2.0 Agent Information				<input type="checkbox"/> Primary Contact for Application
Name of Authorized Agent:				
Address:	City:	Postal Code:	Province:	
Phone:		Alt. Phone:		
Email:		Fax:		

3.0 Legal Description of the Subject Lands		(Refer to the current "Parcel Abstract(s)" regarding the subject property)		
Concession/Registered Plan No.:		Lot Number(s):		
Reference Plan No.:		Part Number(s):		
Municipal Address:				
Roll Number:				
Are there any easements or restrictive covenants affecting the subject lands? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "yes", please describe: _____				

4.0 Land Use, Official Plan and Zoning By-law Designation				
Official Plan Designation:				
Zoning By-law Designation:				
Existing Use of the Subject Land:				
Proposed use of the Subject Land:				

**5.0 Relief Requested from the Zoning By-law
(Please identify the relief you are requesting from the relevant Zoning By-law Sections and Zone Standards)**

6.0 Why is it not possible to comply with the provisions of the Zoning By-law?

7.0 Dimensions of the Entire Subject Property

Lot Frontage (metres):

Lot Depth (metres):

Lot Area (m2):

8.0 Access to the subject lands (check appropriate box)

- | | | |
|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Regional | <input type="checkbox"/> Provincial |
| <input type="checkbox"/> Private Road | <input type="checkbox"/> Right-of-Way | <input type="checkbox"/> Other _____ |

Roads abutting the subject lands: _____

Width of roads abutting the subject lands: _____

9.0 Particulars of all EXISTING building(s) and structure(s) on the subject land. Please specify:

	Existing Structure 1		Existing Structure 2	
a) Type of building(s) or structure(s)				
b) Gross floor area or dimensions of the building(s) or structure(s)				
c) The front, rear and side yard setbacks	Front:	Rear:	Front:	Rear:
	Side:	(Ext.) Side:	Side	(Ext.) Side:
d) Height of the building or structure				
e) Location of parking				

10.0 Particulars of all PROPOSED building(s) and structure(s) on the subject land. Please specify:

	Proposed Structure 1		Proposed Structure 2	
a) Type of building(s) or structure(s)				
b) Gross floor area or dimensions of the building(s) or structure(s)				
c) The front, rear and side yard setbacks	Front:	Rear:	Front:	Rear:
	Side:	(Ext.) Side:	Side	(Ext.) Side:
d) Height of the building or structure				
e) Location of parking				

11.0 Property Information

The date the subject land was acquired by the current owner:

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

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

12.0 Municipal Services provided to the subject lands: (check the appropriate boxes)

<input type="checkbox"/> Water	If not available, by what means is it provided:
<input type="checkbox"/> Sanitary Sewers	If not available, by what means is it provided:
<input type="checkbox"/> Storm Sewers	If not available, by what means is it provided:

13.0 Other Planning Applications

If known, is or was the property subject of any of the following development type applications:

Official Plan Amendment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	File No.
Zoning By-law Amendment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	File No.
Plan of Subdivision	Yes <input type="checkbox"/>	No <input type="checkbox"/>	File No.
Site Plan Approval	Yes <input type="checkbox"/>	No <input type="checkbox"/>	File No.
Certificate of Occupancy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	File No.
Building Permit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	File No.
Consent (Committee of Adjustment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	File No.
Minor Variance (Committee of Adjustment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	File No.

14.0 Heritage Designation

Is the property on the Municipal Register of Properties Designated under the Heritage Act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the property on the Municipal Register of Non-Designated Heritage Properties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature of Applicant or Authorized Agent

DATED at the _____ of _____ this

_____ day of _____, 2021.

AFFIDAVIT OR SWORN DECLARATION

I, _____ of the _____
(Print Name of Owner or Authorized Agent) (e.g. Town of Newmarket)

_____ in the _____
(e.g. Regional Municipality of York)

Solemnly declare that all above statements and the statements contained in all of the exhibits transmitted herewith 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 it made under oath and by virtue of the CANADA EVIDENCE ACT.

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 purposes of processing this application and correspondence purposes. Questions about this collection should be directed to the Committee of Adjustment Secretary-Treasurer, Town of Newmarket, 395 Mulock Drive, Newmarket, Ontario L3Y 4X7, telephone 905-953-5300 ext. 2453.

NOTE: The Signature of applicant or authorized agent must be witnessed by a Commissioner, etc. A Commissioner is available in the Committee of Adjustment office, if needed.

DECLARED before me
at the _____
of _____
in the _____
of _____
this _____
day of _____, 2021.

A Commissioner, etc.

Signature of applicant or authorized agent
 I have authority to bind the Corporation

PERMISSION TO ENTER

Date: _____

Secretary-Treasurer
Committee of Adjustment
Town of Newmarket
395 Mulock Drive
Newmarket ON L3Y 4X7

Dear Secretary-Treasurer:

RE: Application to Committee of Adjustment

Location of Property: _____
(Municipal address)

I hereby authorize the Committee of Adjustment members and Town of Newmarket staff to enter onto the above-noted property for the limited purposes of evaluating the merits of this application.

Signature of owner or authorized agent

Please print name

APPOINTMENT AND AUTHORIZATION

I / We, _____,
(Name of Owner(s))

the undersigned, being the registered property owner(s) of _____

_____, hereby authorize
(Legal description or municipal address)

_____ as my/our agent for the
(Authorized agent's name)

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

Dated this _____ day of _____, 2021.

_____ (Signature of the owner or signing officer)	_____ (Please print the full name and position of the person signing)
<input type="checkbox"/> I have authority to bind the Corporation	_____ (Name of the Corporation, if applicable)
_____ (Signature of the owner or signing officer)	_____ (Please print the full name and position of the person signing)
<input type="checkbox"/> I have authority to bind the Corporation	_____ (Name of the Corporation, if applicable)