

## **APPLICATION FOR MINOR VARIANCE OR FOR PERMISSION**

Personal information contained on this application is collected pursuant to the *Municipal Freedom of Information and Protection of Individual Privacy Act* and will be used for the purpose of responding to you request. Questions about this collection should be directed in writing to the Freedom of Information and Privacy Coordinator of the Municipality of Casselman.

It is required that an application be filed with the Secretary-Treasurer of the Committee of Adjustment, together with the plot plan accompanied by a fee in cash or by cheque made payable to the Municipality of Casselman in the amount of \$550.00.

The undersigned hereby applies to the Committee of Adjustment for the Municipality of Casselman under Section 45 of the *Planning Act, RSO, 1990* for relief, as described in this application.

The Municipality of Casselman  
751 St-Jean Street  
P.O. Box 710  
Casselma, ON  
K0A 1M0

Planner  
urbanisme-planning@casselman.ca  
Tel : 613-764-3139 Ext. 205  
Fax : 613-764-5709

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sdion@casselman.ca  
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**MUNICIPALITY OF CASSELMAN**  
**P.O. Box 710, 751 St-Jean Street**  
**Casselman, ON K0A 1M0**

Application received:

**Application for Minor Variance or for Permission**

**File Number:** \_\_\_\_\_

|                              |   |
|------------------------------|---|
| <b>1. Name of owner(s) :</b> | Name of applicant(s)/representative(s)/agent(s) (if different than owner(s)): |
| _____                        | _____   |
| _____                        | _____   |
| Address : _____              | Address : _____   |
| _____                        | _____   |
| Tel. (home): _____           | Tel. (home): _____  |
| Tel. (office): _____         | Tel. (office): _____  |
| Fax. : _____                 | Fax. : _____  |
| E-mail : _____               | E-mail : _____  |

**2. Names and addresses of any mortgagees, holders of charges or other encumbrances :**

Name : \_\_\_\_\_

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

Tel. : \_\_\_\_\_ Fax. : \_\_\_\_\_

E-mail : \_\_\_\_\_

**3. Specify the person who is to be contacted if more information is needed. All communication will be directed to this person.**

|  |                                 |                                  |
|--|---------------------------------|----------------------------------|
| <input type="checkbox"/> Owner           | <input type="checkbox"/> French | <input type="checkbox"/> English |
| <input type="checkbox"/> Applicant       | <input type="checkbox"/> French | <input type="checkbox"/> English |
| <input type="checkbox"/> Agent/Mortgagee | <input type="checkbox"/> French | <input type="checkbox"/> English |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Why does the proposed/existing use not comply with the provisions of the zoning by-law?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



(b) Existing buildings/structures directly affected by this application.

| Type | Front yard setback | Rear yard setback | Side yards setbacks |  | Height in metres | Size or ground floor area | Date of construction |
|------|--------------------|-------------------|---------------------|--|------------------|---------------------------|----------------------|
|      |                    |                   |                     |  |                  |                           |                      |
|      |                    |                   |                     |  |                  |                           |                      |
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|      |                    |                   |                     |  |                  |                           |                      |
|      |                    |                   |                     |  |                  |                           |                      |

**11.** Identify the existing use(s) of the subject land. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**12.** Identify the proposed use(s) of the subject land. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**13.** Identify the existing use(s) of abutting properties.

To the North: \_\_\_\_\_  
 To the East: \_\_\_\_\_  
 To the South: \_\_\_\_\_  
 To the West: \_\_\_\_\_

**14.** Since when the existing use(s) of the subject property identified at question # 11 have continued?  
 \_\_\_\_\_  
 \_\_\_\_\_

**15.** Which municipal services are available? ([ the appropriate space(s))

|   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Municipal water          | <input type="checkbox"/> Connected |
| <input type="checkbox"/> Community water supply   | <input type="checkbox"/> Connected |
| <input type="checkbox"/> Municipal sanitary sewer | <input type="checkbox"/> Connected |
| <input type="checkbox"/> Community sewage system  | <input type="checkbox"/> Connected |
| <input type="checkbox"/> Storm sewer              | <input type="checkbox"/> Connected |
| <input type="checkbox"/> Private well             | <input type="checkbox"/> Connected |
| <input type="checkbox"/> Private septic system    | <input type="checkbox"/> Connected |
| <input type="checkbox"/> Other _____              |                                    |

**16.** What designation of the Official Plan apply to the subject land?

a) United Counties of Prescott and Russell Official Plan : \_\_\_\_\_  
 b) Secondary Official Plan : \_\_\_\_\_  
 c) Local Official Plan : \_\_\_\_\_

**17.** What provisions of the zoning by-law apply to the subject land?

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**18.** Is the subject land subject to an application under the *Planning Act*? ( [ the appropriate box)

Plan of Subdivision  
 Land Severance / Consent Application  
 Minor Variance

If you [ a box, describe briefly. \_\_\_\_\_

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**19.** Please submit a location plan prepared to scale with the following criteria:

*(Please provide drawing of the proposal on a sheet of paper 8½" X 11 or 8½" X 14, preferably prepared by a qualified professional. In some cases, it may be more appropriate to prepare additional drawing at varying scales to better illustrate the proposal.)*

The location plan should show:

- Property boundaries and dimensions
- Easements or restrictive covenants
- Neighbouring adjacent land uses
- Public roads, allowances, rights-of-way
- Wetlands, floodplain, wet areas
- Dimensions of area of amendment
- Distance between farm buildings lodging animals and the neighbouring properties
- Buildings and dimensions
- Parking and loading areas
- Municipal drains/award drains
- Woodlots, forested areas
- Distance to lot lines
- Neighbouring properties
- Driveways and lanes
- Natural watercourses
- North arrow
- Other features (bridges, wells, railways, septic systems, springs, slopes, gravel pits)

**20. AFFIDAVIT OR SWORN DECLARATION**

I/WE \_\_\_\_\_ of the \_\_\_\_\_  
 in the County 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*.

SWORN/DECLARED before me \_\_\_\_\_ )  
 at the \_\_\_\_\_ )  
 in the County of \_\_\_\_\_ )  
 This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ )

\_\_\_\_\_) \_\_\_\_\_ )  
 A Commissioner of Oaths ) Applicant(s) or \*\*Authorized Agent

\*\* If signed by an Agent, the declaration at item 21 on the bottom part of this page must be signed by the Owner authorizing the Agent to sign the application on his or her behalf.

**21. AUTHORIZATION**

If the applicant is not the owner of the land that is the subject to this application, complete the authorization of the owner concerning personal information set out below.

I/WE \_\_\_\_\_ of the \_\_\_\_\_  
in the County of \_\_\_\_\_ authorize \_\_\_\_\_ (name)  
to be my agent in this matter and to sign all documentation relating to this application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner