



Township of **SOUTH STORMONT**

www.southstormont.ca
P.O. Box 84, 2 Mille Roches Rd
Long Sault, ON K0C 1P0

APPLICATION FOR MINOR VARIANCE PERMISSION

The undersigned hereby applies to the Committee of Adjustment for the Township of South Stormont under section 45 of the Planning Act for relief, as described in this application, from By-law No. _____ (as amended).

NAME AND ADDRESS OF OWNER _____ _____ _____ PH: _____	NAME AND ADDRESS OF AGENT (if applicant is an agent authorized by the owner) _____ _____ _____ PH: _____
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OFFICIAL PLAN – current designation of the subject land:

ZONING BY-LAW – current zoning of the subject land:

RELIEF – nature and extent of relief from the zoning by-law:

REASON why the proposed use cannot comply with the provisions of the zoning by-law:

LEGAL DESCRIPTION of subject land:

Lot	_____	Registered Plan No.	_____
Concession	_____	Lot(s) No.	_____
Municipality	_____	Reference Plan No.	_____
Street Address	_____	Part(s) No.	_____

PHONE: 613-534-8889
FAX: 613-534-2280
EMAIL: info@southstormont.ca



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DIMENSIONS OF LAND affected:

Frontage _____ Depth _____ Area _____

ACCESS – Access to the subject land is by:

Provincial Highway	<input type="checkbox"/>	Municipal Road - Seasonal	<input type="checkbox"/>
Municipal Road – year round	<input type="checkbox"/>	Private Right-of-way	<input type="checkbox"/>
Other Public Road (specify)	<input type="checkbox"/>	Water	<input type="checkbox"/>

WATER ACCESS – Where access to the subject land is by water only:

Docking facilities (specify) _____ Parking facilities (specify) _____

Distance from subject land _____ Distance from subject land _____

Distance from nearest public road _____ Distance from nearest public road _____

EXISTING USES of the subject land: _____

LENGTH OF TIME the existing uses of the subject land have continued: _____

EXISTING BUILDINGS – STRUCTURES – Where there are any buildings or structures on the subject land, indicate for each:

Type _____	Front lot line setback _____	Height in metres: _____
	Rear lot line setback _____	Dimensions: _____
	Side lot line setback _____	Floor area: _____
	Side lot line setback _____	
Type _____	Front lot line setback _____	Height in metres: _____
	Rear lot line setback _____	Dimensions: _____
	Side lot line setback _____	Floor area: _____
	Side lot line setback _____	

(attach additional page if necessary)



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PROPOSED USES of subject land: _____

PROPOSED BUILDINGS – STRUCTURES – Where any buildings or structures are proposed to be built on the subject land, indicate for each:

Type _____	Front lot line setback _____	Height in metres: _____
	Rear lot line setback _____	Dimensions: _____
	Side lot line setback _____	Floor area: _____
	Side lot line setback _____	
Type _____	Front lot line setback _____	Height in metres: _____
	Rear lot line setback _____	Dimensions: _____
	Side lot line setback _____	Floor area: _____
	Side lot line setback _____	

(attach additional page if necessary)

DATE – Subject land was acquired by current owner on: _____

WATER is provided to the subject land by:

Publicly-owned and operated piped water system <input type="checkbox"/>	Lake or other body of water <input type="checkbox"/>
Privately-owned and operated individual well <input type="checkbox"/>	Other means (specify) <input type="checkbox"/>
Privately-owned and operated communal well <input type="checkbox"/>	

SEWAGE DISPOSAL is provided to the subject land by:

Publicly-owned/operated sanitary sewage system <input type="checkbox"/>	Privy <input type="checkbox"/>
Privately-owned/operated individual septic system <input type="checkbox"/>	Other means (specify) <input type="checkbox"/>
Privately-owned/operated communal septic system <input type="checkbox"/>	
Privy	
Other (please describe)	

STORM DRAINAGE is provided to the subject land by:

Sewers Ditches Swales Other

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AUTHORIZATION BY OWNER

I, the undersigned, being the owner of the subject land, hereby authorize _____
to be the applicant in the submission of this application.

Signature of Witness

Signature of Owner

Date

DECLARATION OF APPLICANT

I, _____ of the _____ of
_____ in the _____ of _____

solemnly declare that:

All the statements contained in this application and provided by me 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.

DECLARED before me at the _____ of _____ in the
_____ of _____ this _____ day of
_____, 20 ____.

Signature of Commissioner, etc.

Signature of Applicant

It is required this application be accompanied by a fee of \$ _____ in cash or cheque made payable to the Township of South Stormont.

Personal information contained on this form, collected pursuant to the *Planning Act*, will be used for the purpose of responding to the initial application. Questions should be directed to the Freedom of Information and Privacy Coordinator at the institution conducting the procedures under the Act.

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PLANS REQUIRED

IT WILL BE NECESSARY TO SUBMIT PRELIMINARY SITE PLANS FOR THE DEVELOPMENT AT THE TIME OF THE FILING OF THIS APPLICATION

Minimum requirements will be a sketch showing the following

- i. The boundaries and dimensions of the subject land.
- ii. The location, size and type of all existing and proposed buildings and structures on the subject land, indicating the distance of the buildings or structures from the front yard lot line, rear yard lot line and the side yard lot lines.
- iii. The approximate location of all natural and artificial features on or adjacent to the subject land that may affect the application (such as buildings, railways, roads, watercourses, drainage ditches, wetlands, wooded areas, wells, septic tanks and tile beds).
- iv. The current uses of adjacent lands.
- v. The location, width and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, public travelled road, private road or a right-of-way.
- vi. If access to the subject land is by water only, show the location of the parking and docking facilities which will be used
- vii. The location of any easement affecting the subject land.

FOR OFFICE USE ONLY

Name of Owner _____ Address _____

Name of Agent _____ Address _____

Date of receipt of completed application _____ Checked By _____

Zoning By-law No. _____ Passed _____

As amended by By-law No. _____ Passed _____

And By-law No. _____ Passed _____

Sections _____ Zone _____

Official Plan Designation _____

Agricultural Land Use Classification in Canada: Land Inventory _____

Site visit carried out by staff or committee member YES NO

Authorization of owner received (if required) YES NO

Conformity with the Agricultural Code of Practice (if applicable) YES NO

Committee File No. _____ Committee Submission No. _____

Hearing Date _____ Adjourned Hearing Date _____

General Comments _____

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