



**Application for Minor Variance**  
**(Section 45(1) of Planning Act)**  
**or Application for Permission**  
**(Section 45(2) of the Planning Act)**  
(Revised April 6, 2023)

**Instructions:**

Prior to submitting an application, a proponent must complete a pre-consultation with Planning staff to determine the appropriateness of the request and review submission requirements. Each application must be submitted with the application; all recommended supporting documents, and; a drawing of the proposal.

If the applicant is not the owner of the subject land, a written statement by the owner which authorizes the applicant/agent to act on behalf of the owner as it relates to the subject application, must accompany the application (See Section 15.0).

In accordance with Sections 22(5) and/or 34(10.2) of the Planning Act, RSO 1990, additional information and studies may be required by the Municipality to evaluate the proposed Amendment. The requirements for additional information are identified in the County of Perth Official Plan and/or the Mitchell Ward Official Plan. The type and scope of studies that are required will be determined through pre-consultation with Municipality of West Perth staff. If the required additional information is not provided, the application cannot be deemed to be complete and will not be processed.

In accordance with the Clean Water Act (2006), several Municipal Drinking Water Source Protection Plans (“SPPs”) have been developed within the Municipality of West Perth. It is the responsibility of the Applicant to confirm the applicability of such SPPs as part of this application.

**Submission Checklist:**

- One Copy of the Completed Application Form
- Application drawing (See Section 13.0)
- Application fee payable to the Municipality of West Perth

**For Help:** For general assistance completing this form, please contact:

- Diane Chaffe, Development Coordinator, at (519) 348-8429 Ext. 230 or [dchaffe@westperth.com](mailto:dchaffe@westperth.com); or,
- the Perth County Senior Planner, Susanna Reid MCIP, RPP, [sreid@perthcounty.ca](mailto:sreid@perthcounty.ca)

**More Information:**

- Detailed mapping information for your property is available [here](#)
- The [County](#) and [Mitchell Ward](#) Official Plans can be found here.
- West Perth planning documents can be found [here](#)

<b>FOR OFFICE USE ONLY</b>	Date Received:
Pre-Con Yes <input type="checkbox"/> No <input type="checkbox"/> Roll: 3130 - _____ - _____ - _____ - _____	
Fee Amount Paid (\$2,116.00): Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fee Received Date: _____ Fee Receipt No.: _____	
<input type="checkbox"/> MV <input type="checkbox"/> Permission Associated planning application(s): _____	

<b>1.0 Applicant Information</b>	
<b>Owner(s)</b>	<b>correspondence to be sent:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	
Address:	
Postal Code:	Phone:
Email:	
<b>Applicant</b> (if applicant is not the owner)	<b>correspondence to be sent:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	
Address:	
Postal Code:	Phone:
Email:	
<b>Agent</b> (if applicable)	<b>correspondence to be sent:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:	
Address:	
Postal Code:	Phone:
Email:	

2.0 Location and Size of the Subject Land					
Local Municipality: West Perth		Ward: Choose an item.			
Concession:	Lot:	Reg. Plan:	Lot/Block:		
Ref. Plan:	Part:	Street Address:			
Lot Frontage (m):			Lot Area (m <sup>2</sup> or ha):		
2.1 Name and address of mortgages or charges: (if applicable)					
2.2 Description of any easements or covenants and their effects: (if applicable)					
2.3 Date the subject lands were acquired by the current owner:					
3.0 Current and Proposed Land Use					
Current Use:					
Proposed Use:					
4.0 Status					
County Official Plan Designation(s):					
Mitchell Ward Official Plan Designation(s):					
Current Zone(s):					
5.0 Site Information					
	Existing Buildings	Proposed Buildings		Existing Buildings	Proposed Buildings
Front Yard:	m	m	Height:	m	m
Rear Yard:	m	m	Dimensions:	m x m	m x m
Side Yard:	m	m	Date Built:		
Side Yard:	m	m	<input type="checkbox"/> See attached drawing		
Other Information (if necessary):					

**6.0 Minor Variance/Permission Description**

**6.1 What is the nature and extent of the requested relief from the Zoning By-law?**

(Fill this section out if applying for a Minor Variance)

Empty response area for 6.1

**6.2 What is the nature of the requested permission?**

(Fill in this section if applying for a Permission)

Empty response area for 6.2

**7.0 Previous Industrial or Commercial Uses**

7.1 Has there been an industrial or commercial use on the subject land or adjacent land?  
 Yes  No

7.1.2 If Yes, please specify the uses and dates:

7.2 Is there reason to believe the subject land may have been contaminated by former uses on or near the site? Yes  No

What information did you use to determine the answers to the above questions?

If Yes to (7.1) or (7.2), a list showing all former uses of the subject land, or if appropriate, the adjacent land, is needed. This study must be prepared by a qualified consultant

Is the previous use inventory attached? Yes  No  N/A

**8.0 Status of Other Applications under the Planning Act**

Is the subject land also the subject of an application for:

Consent	Yes <input type="checkbox"/> - File #:	No <input type="checkbox"/>
Plan of Subdivision/Condominium	Yes <input type="checkbox"/> - File #:	No <input type="checkbox"/>
Zoning By-law Amendment	Yes <input type="checkbox"/> - File #:	No <input type="checkbox"/>
Site Plan	Yes <input type="checkbox"/> - File #:	No <input type="checkbox"/>

**9.0 Servicing**

9.1 Indicate the existing/proposed sewage disposal type.

	Existing	Proposed		Existing	Proposed
Public piped sewage system	<input type="checkbox"/>	<input type="checkbox"/>	Individual septic system(s)	<input type="checkbox"/>	<input type="checkbox"/>
Public or private communal system	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

9.2 Indicate the existing/proposed water supply type.

Public piped water system	<input type="checkbox"/>	<input type="checkbox"/>	Individual well(s)	<input type="checkbox"/>	<input type="checkbox"/>
Public or private communal well(s)	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

9.3 Indicate the existing/proposed storm drainage type.

Storm sewers	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>
Ditches or swales	<input type="checkbox"/>	<input type="checkbox"/>			

9.4 Indicate the existing/proposed road access type.

Provincial Highway	<input type="checkbox"/>	<input type="checkbox"/>	Public road, seasonal	<input type="checkbox"/>	<input type="checkbox"/>
Public road, full maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

**10.0 Justification**

Explain how the proposed development will be compatible with the surrounding uses.

**11.0 Wellhead Protection Area (WHPA)**

Is any part of the subject lands within a WHPA?                      Yes                       No

**12.0 Other Information**

**13.0 Application Drawing**

Please submit an accurate, scaled drawing of the proposal showing the following information:

- a) The subject land, including its boundaries and dimensions, and the location, and nature of any easement or restrictive covenants which affect the subject land;
- b) The uses of adjacent and abutting land;
- c) The location of all existing as well as proposed buildings and their dimensions, uses, and setbacks from lot lines;
- d) The location of all natural and man-made features on the land and the location of these features on adjacent and abutting lands; and
- e) Scale and north arrow.

**14.0 Authorization of Owner for Agent to Make the Application**

I/We, \_\_\_\_\_

of the \_\_\_\_\_ in the County/Region of

\_\_\_\_\_ am/are the owner(s) of the land that is the subject of this

application and I/we hereby authorize \_\_\_\_\_

to act as my/our agent in the application.

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

**15.0 Acknowledgement**

With the filing of this application, the applicant is aware of and agrees that if the decision of the Municipality of West Perth regarding this application is appealed, all costs incurred by the Municipality of West Perth for legal counsel and other associated costs to represent the Municipality in defending the decision before the Ontario Land Tribunal (OLT) will be solely the responsibility of and paid for by the applicant.

Dated at the \_\_\_\_\_ in the County/Region of

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Signature

**16.0 Consent to Use and Disclose Personal Information**

I/We acknowledge that all information provided on this form (name, address, phone number, e-mail address, etc.), including supporting documentation, is collected under the authority of the Planning Act, and will be accessible to the public and governmental and technical agencies for review. The owner(s)/applicant(s)/authorized agent 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.

Furthermore, I/We hereby authorize Council members and members of the staff of the Corporation of the Municipality of West Perth and/or technical review agencies to enter upon the subject lands for the purpose of evaluating the merits of the subject application and conduct any inspections on the subject land that may be required to perform this duty.

\_\_\_\_\_  
Signature(s)



**17.0 Owner / Applicant Affidavit or Sworn Declaration**

I/We, \_\_\_\_\_  
of the \_\_\_\_\_ in the County/Region of \_\_\_\_\_  
\_\_\_\_\_ make oath and say (or solemnly declare) that the information contained in the documents that accompany this application is true. Sworn (or declared) before me at the \_\_\_\_\_ in the County/Region of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
Commissioner of Oaths

\_\_\_\_\_  
Owner / Applicant

\_\_\_\_\_  
Owner / Applicant

**18.0 Other Information** (Use this page if additional space is needed to provide information)

Empty space for providing additional information.