



**Application for Minor Variance
(Section 45(1) of the Planning Act)
Or Application for Permission
(Section 45(2) of the Planning Act)**

(Revised November 29, 2022)

Instructions:

Prior to submitting an application, the Applicant is encouraged to pre-consult with Municipality of West Perth Planning staff to determine the appropriateness of the request and review submission requirements. Each application must be accompanied by the application fee in either cash or a cheque payable to the Municipality of West Perth. **A drawing of the proposal, consistent with Section 14.0 of this form, must also be submitted with the application.**

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 their behalf 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. 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 Source Protection Plans (“SPPs”) apply to watersheds 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.

Application Checklist:

- One Copy of Completed Application Form
- Application drawing (See Section 13.0)
- Application fee (\$2116.00), payable to the Municipality of West Perth

Need Assistance?

For general assistance completing this form, please contact:

- the West Perth Building and Zoning Administrator, Diane Chaffe, at (519) 348-8429 Ext. 230 or dchaffe@westperth.com;

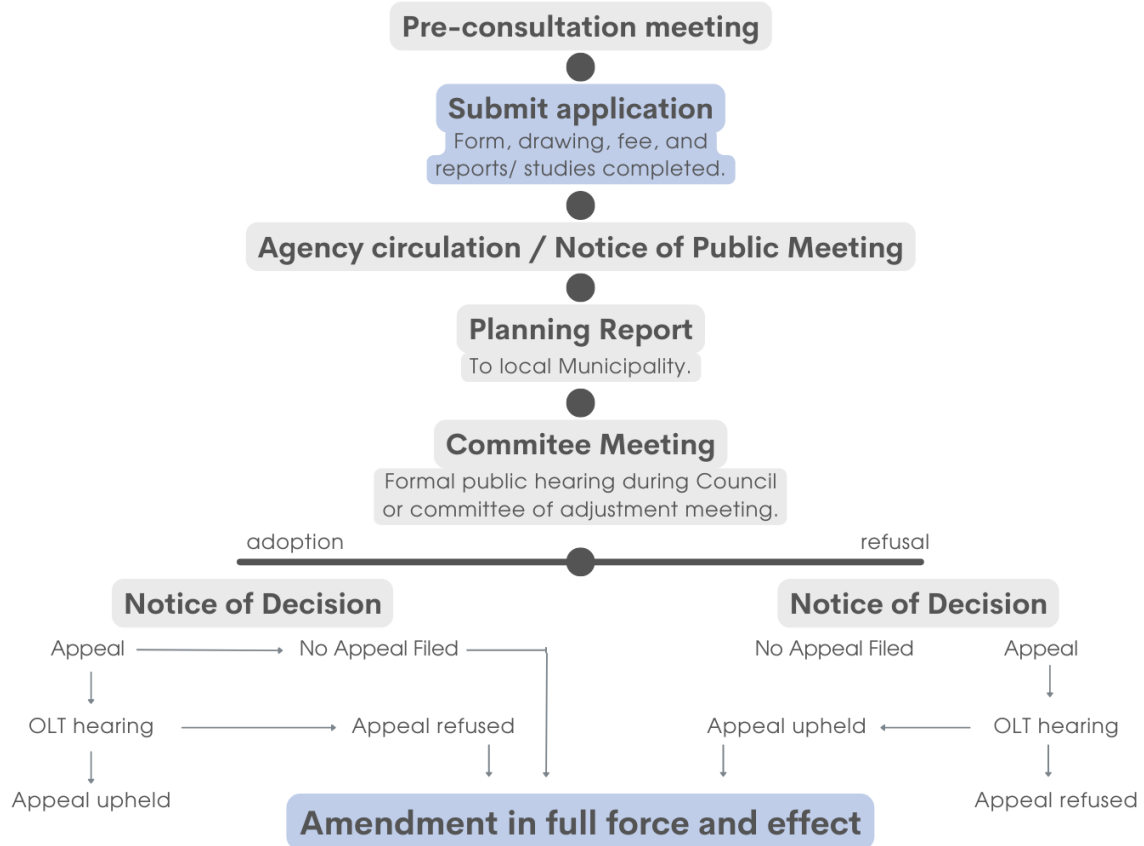
For general help completing this form, please contact The West Perth Planning team at mevans@perthcounty.ca or by phone at (519) 271-0531 x410

Detailed digital mapping resources for your property is available [here](#).

The County and Mitchell Ward Official Plans can be found [for the Perth County Official Plan](#), or [Mitchell Official Plan here](#).

West Perth planning documents can be found [here](#).

Minor Variance Process Flow Chart



Application for Minor Variance/Permission

Municipality of West Perth
Application #:

FOR OFFICE USE ONLY		Date Received:	
Pre Con: <input type="checkbox"/> Yes <input type="checkbox"/> No		Roll: 3130 - _____ - _____ - _____ - _____	
Fee Paid:		Fee Received Date:	
<input type="checkbox"/> MV <input type="checkbox"/> PERMISSION		Associated Planning Application(s):	
1.0 Applicant Information			
Owner(s)		Correspondence to be sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:			
Address:			
Cell Phone (1):		Cell Phone (2):	
Email(s):			
Applicant (Complete if Applicant is not the owner)		Correspondence to be sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:			
Address:			
Cell Phone (1):		Cell Phone (2):	
Email(s):			
Agent (If applicable)		Correspondence to be sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:			
Address:			
Cell Phone (1):		Office Phone:	
Email(s):			

2.0 Location and Size of the Subject Land					
Local Municipality: West Perth			Ward:		
Concession:	Lot:		Reg. Plan:	Lot/Block:	
Ref. Plan:	Part:		Street Address:		
Lot Frontage (m):			Lot Area (m ² 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? (if applying for a Minor Variance):

6.2 What is the nature of the requested Permission? (If applying for a Permission)

7.0 Previous Industrial or Commercial Uses

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

7.1.1. 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 do you use to determine the answers to the above questions?

7.3 If Yes to (7.1) or (7.2), a previous use inventory 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 there a 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	<input type="checkbox"/> Yes - File #:	<input type="checkbox"/> No
Plan of Subdivision/ Condominium	<input type="checkbox"/> Yes - File #:	<input type="checkbox"/> No
Zoning By-law Amendment	<input type="checkbox"/> Yes - File #:	<input type="checkbox"/> No
Site Plan	<input type="checkbox"/> Yes - File #:	<input type="checkbox"/> No

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:

	Existing	Proposed		Existing	Proposed
Public piped water system:	<input type="checkbox"/>	<input type="checkbox"/>	Individual water system(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:

	Existing	Proposed		Existing	Proposed
Storm sewer	<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:

	Existing	Proposed		Existing	Proposed
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 application will be compatible with the surrounding uses.

11.0 Well head 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:

- 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

By filing this application, the Applicant is aware of and agrees that they will be solely responsible for and pay for any third-party expenses incurred by the Municipality of West Perth associated with the application including but not limited to third-party professional services or any legal costs related to an appeal by a third party or the applicant.

Dated at the _____ in the County/Region of _____

This _____ day of _____, 20____.

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

_____, 20____.

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.