



THE CORPORATION OF THE  
MUNICIPALITY OF WAWA

**TO BE FILED WITH:**

**COMMITTEE OF ADJUSTMENT**  
P.O. BOX 500, 40 BROADWAY AVENUE  
WAWA, ONTARIO, P0S 1K0  
**TELEPHONE:** (705) 856-2244  
**FACSIMILE:** (705) 856-2120

# APPLICATION FOR CONSENT

## FOR OFFICE USE ONLY

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

Application No. \_\_\_\_\_

## NOTE TO APPLICANTS

The information in this form that must be provided by the applicant is indicated in *italics*. This information is prescribed in the Schedule to Ontario Regulation 41/95 made under the **Planning Act**. This mandatory information must be provided with the appropriate fee. If the mandatory information and fee are not provided, the Secretary-Treasurer will return the application, or refuse to further consider the application until the information and fee have been provided.

The application form also sets out other information that will assist the Committee of Adjustment and others in their planning evaluation of the consent application. To ensure the quickest and most complete review, this information should be submitted at the time of application. In the absence of this information, it may not be possible to do a complete review within the legislated time frame for making a decision. As a result, the application may be refused.

## SUBMISSION OF THE APPLICATION

**Please submit a completed application form**, along with the applicable fee of **\$250.00**. Further questions or inquiries should be directed to Ms. Cathy Cyr, Secretary, Committee of Adjustment, (705) 856-2244 ext. 222.

**1. APPLICANT INFORMATION**

1.1 **Name of Applicant** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
**Telephone Number(s)** \_\_\_\_\_

1.2 *Name, telephone number and address of Owner(s), if different from the applicant. (Joint ownership must be shown.) An Owner's Authorization is required in Section 11.1, if the applicant is not the Owner.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.3 *Name, telephone number and address of the person who is to be contacted about the application, if different than the applicant. (This may be a person or firm acting on behalf of the applicant.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. LOCATION OF SUBJECT LAND (Complete applicable lines)**

2.1 *District* District of Algoma  
*Municipality* Municipality of Wawa  
*Lot Number(s)* \_\_\_\_\_  
*Parcel Number(s)* \_\_\_\_\_  
*Registered Plan No(s).* \_\_\_\_\_  
*Lot(s), Block(s)* \_\_\_\_\_  
*Mining Claim No.* \_\_\_\_\_  
*Part Number(s)* \_\_\_\_\_  
*Street No.* \_\_\_\_\_ *Name of Street/Road* \_\_\_\_\_

2.2 *Are there any easements or restrictive covenants affecting the subject land?*

Yes  No

*If YES, please describe the easement or covenant and its effect.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. PURPOSE OF THE APPLICATION**

3.1 *Type and purpose of proposed transaction: (check appropriate box):*

- | <b>TRANSFER</b>                                     | <b>OTHER</b>  |
|---|---|
| <input type="checkbox"/> <i>Creation of New Lot</i> | <input type="checkbox"/> <i>A Charge</i>              |
| <input type="checkbox"/> <i>Addition to Lot</i>     | <input type="checkbox"/> <i>A Lease</i>               |
| <input type="checkbox"/> <i>An Easement</i>         | <input type="checkbox"/> <i>A Correction of Title</i> |
| <input type="checkbox"/> <i>Other Purpose</i>       |   |

3.2 *Name of person(s), if known, to whom land or interest in land is to be transferred, leased or charged:*

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3.3 *If a lot addition, identify the land to which the parcel will be added.*

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**4. DESCRIPTION OF SUBJECT LAND AND SERVICING INFORMATION**

4.1 *Description of land to be severed:*

FRONTAGE \_\_\_\_\_ DEPTH \_\_\_\_\_ AREA \_\_\_\_\_

*Existing and Proposed Building(s) or Structure(s):*

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*Type of Access (check appropriate box)*

- Provincial Highway
- Municipal Road, maintained all year
- Municipal Road, seasonally maintained
- Other Public Road
- Right-of-Way

*Type of Water Supply Proposed (check appropriate box)*

- Publicly Owned and Operated Piped Water System
- Privately Owned and Operated Individual Well
- Privately Owned and Operated Communal Well

Type of Water Supply Proposed cont'd (check appropriate box)

- Lake or Other Water Body
- Other means

Type of Sewage Disposal Proposed (check appropriate box)

- Publicly Owned and Operated Sanitary Sewer System
- Privately Owned and Operated Individual Septic Tank
- Privately Owned and Operated Communal Septic Tank
- Privy
- Other means

(1) A certificate of approval from the Algoma Public Health (18 Ganley Street, (705) 856-7208) or Ministry of Environment (289 Bay Street, 3<sup>rd</sup> Floor, (705) 942-6354) submitted with this Application will facilitate the review.

4.2 Description of land intended to be retained:

FRONTAGE \_\_\_\_\_ DEPTH \_\_\_\_\_ AREA \_\_\_\_\_

Existing and Proposed Use:

\_\_\_\_\_

Existing and Proposed Building(s) or Structure(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Access (check appropriate box)

- Provincial Highway
- Municipal Road, maintained all year
- Municipal Road, seasonally maintained
- Other Public Road
- Right-of-Way

Type of Water Supply Proposed (check appropriate box)

- Publicly Owned and Operated Piped Water System
- Privately Owned and Operated Individual Well
- Privately Owned and Operated Communal Well

Type of Water Supply Proposed cont'd (check appropriate box)

- Lake or Other Water Body
- Other means

Type of Sewage Disposal Proposed (check appropriate space)

- Publicly Owned and Operated Sanitary Sewer System
- Privately Owned and Operated Individual Septic Tank
- Privately Owned and Operated Communal Septic Tank
- Privy
- Other means

(1) A certificate of approval from the Algoma Public Health (18 Ganley Street, (705) 856-7208) or Ministry of Environment (289 Bay Street, 3<sup>rd</sup> Floor, (705) 942-6354) submitted with this Application will facilitate the review.

4.3 Other Services (check if the service is available):

- Electricity
- Telephone
- School Bussing
- Garbage Collection

5. **LAND USE**

5.1 What is the present OFFICIAL PLAN designation(s) of the subject land?

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5.2 What is the present ZONING of the subject land?

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5.3 Are any of the following uses of features (A) on the subject land or (B) within 500 metres (1640 ft.) of the subject land, unless otherwise specified? Please check if any apply.

Use or Feature	(A)	(B)
• An agricultural operation, including livestock facility	<input type="checkbox"/>	<input type="checkbox"/>
• A landfill	<input type="checkbox"/>	<input type="checkbox"/>
• A sewage treatment plant or waste stabilization plant	<input type="checkbox"/>	<input type="checkbox"/>
• Flood plan	<input type="checkbox"/>	<input type="checkbox"/>

Use or Feature	(A)	(B)
• An industrial or commercial use, specify use(s)	<input type="checkbox"/>	<input type="checkbox"/>
• An active railway line	<input type="checkbox"/>	<input type="checkbox"/>
• A municipal or federal airport	<input type="checkbox"/>	<input type="checkbox"/>
• A provincially significant wetland (Class 1, 2, or 3 wetland)	<input type="checkbox"/>	<input type="checkbox"/>
• A provincially significant wetland within 120 metres (395 ft.) of the subject lands	<input type="checkbox"/>	<input type="checkbox"/>

**6. HISTORY OF SUBJECT LAND**

6.1 *Has the subject land ever been the subject of an application for approval of a plan of subdivision or a consent under the Planning Act?*

Yes                       No                       Unknown

*If yes, and known, please provide the file number and the decision made on the application.*

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6.2 *Has any land been severed from the parcel originally acquired by the owner of the subject land?*

Yes                       No                       Unknown

*If yes, and known, please provide for each parcel severed, the date of transfer, the name of the transferee and the land use.*

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**7. CURRENT APPLICATIONS**

7.1 *Is the subject land currently the subject of a proposed Official Plan or Official Plan Amendment that has been submitted to the Minister for approval?*

Yes                       No                       Unknown

*If yes, and known, please specify the Ministry file number and status of the application.*

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7.2 *Is the subject land the subject of an application for a Zoning By-Law Amendment, minor variance, consent or approval of plan of subdivision?*

Yes                       No                       Unknown

*If yes, and known, please specify the appropriate file number and status of the application.*

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**8. SKETCH (Use the attached a Sketch Sheet on page 9)**

The application must be accompanied by a Sketch showing the following:

- ◆ the boundaries and dimensions of the subject land – the part that is to be severed and the part that is to be retained;
- ◆ the boundaries and dimensions of any land owned by the owner of the subject land and that abuts the subject land;
- ◆ the distance between the subject land and the nearest township lot line or landmark, such as a railway crossing or bridge;
- ◆ the location of all land previously severed from the parcel originally acquired by the current owner of the subject land;
- ◆ the approximate location of all natural and artificial features on the subject land and adjacent lands that in the opinion of the applicant may affect the application, such as buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded area, wells and septic tanks;
- ◆ existing use(s) on adjacent lands;
- ◆ 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; and
- ◆ location and nature of any easement affecting the subject land.

**9 OTHER INFORMATION**

9.1 *Is there any other information that you think may be useful to the Committee or other agencies in reviewing this application? If so, please explain below or attach on a separate page.*

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**10. AFFIDAVIT OR SWORN DECLARATION**

10.1 I, \_\_\_\_\_, of the Municipality of Wawa, in the District of Algoma, make oath and say (or solemnly declare) that the information contained in this application is true and that the information contained in the documents that accompany this application is true.

**SWORN BEFORE ME AT THE  
MUNICIPALITY OF WAWA  
IN THE DISTRICT OF ALGOMA**

\_\_\_\_\_  
COMMISSIONER OF OATHS

\_\_\_\_\_  
APPLICANT

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

**11. AUTHORIZATION**

11.1 *If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the applicant is authorized to make the application must be included with this form or the authorization set out below must be completed.*

**AUTHORIZATION OF OWNER FOR AGENT  
TO MAKE APPLICATION**

I, \_\_\_\_\_ am the owner of the land that is the subject of this application for a consent and I authorize \_\_\_\_\_ to make this application on my behalf.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OWNER

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

**AUTHORIZATION OF OWNER FOR AGENT  
TO PROVIDE PERSONAL INFORMATION**

I, \_\_\_\_\_ am the owner of the land that is the subject of this application for a consent and for the purposes of the **Freedom of Information and Protection of Privacy Act**, I authorize \_\_\_\_\_ as my agent for this application, to provide any of my personal information that will be included in this application or collected during the processing of the application.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OWNER

**12. CONSENT OF THE OWNER**

Complete the consent of the owner concerning personal information set out below.

**CONSENT OF THE OWNER TO USE AND  
DISCLOSURE OF PERSONAL INFORMATION**

I, \_\_\_\_\_ am the owner of the land that is the subject of this application for a consent and 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 purpose of processing this application.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OWNER



The Committee of Adjustment will assign a **FILE NUMBER** for complete applications and this should be used in all communications.

### SKETCH SHEET



