



Ontario Municipal Board  
 Commission des affaires municipales de l'Ontario  
 655 Bay Street, Suite 1500 Toronto, Ontario M5G 1E5  
 TEL: (416) 326-6800 or Toll Free: 1-866-887-8820  
 FAX: (416) 326-5370  
[www.omb.gov.on.ca](http://www.omb.gov.on.ca)

**APPELLANT FORM (A1)**  
**PLANNING ACT – Bill 51**

**(SUBMIT TO MUNICIPALITY/APPROVAL AUTHORITY)**

**Instructions:**

- Complete one form for each type of appeal you are filing.
- A filing fee of \$125 is required for each type of appeal you are filing. To view the Fee Schedule, visit the Board's website.
- The filing fee must be paid by certified cheque or money order, in Canadian funds, payable to the Minister of Finance.
- Do not send cash.
- Submit your completed appeal form(s) and filing fee(s) to either the Approval Authority or Municipality, as applicable, by the required filing deadline. The Approval Authority/Municipality will forward your appeal(s) and fee(s) to the Ontario Municipal Board.
- Please print clearly throughout the appeal form.
- The *Planning Act* and the *Ontario Municipal Board Act* are available at [www.omb.gov.on.ca](http://www.omb.gov.on.ca).

Receipt Number (OMB Office Use Only):

Date Stamp - Appeal Received by Municipality

**Part 1: Appeal Type (Please check only one box)**

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Minor Variance	<input checked="" type="checkbox"/> Appeal a decision	45(12)
Consent	<input type="checkbox"/> Appeal a decision or conditions imposed	53(19)
	<input type="checkbox"/> Appeal conditions imposed	53(27)
	<input type="checkbox"/> Failed to make a decision on the application within 90 days	53(14)
	<input type="checkbox"/> Appeal the passing of a Zoning By-law	34(19)
Zoning By-law/Amendments	<input type="checkbox"/> Application for an amendment to the Zoning By-law – failed to make a decision on the application within 120 days	34(11)
	<input type="checkbox"/> Application for an amendment to the Zoning By-law – refused by the municipality	
	Interim Control By-law	<input type="checkbox"/> Appeal the passing of an Interim Control By-law
Official Plan or Official Plan Amendment	<input type="checkbox"/> Appeal a decision	17(24) or 17(36)
	<input type="checkbox"/> Failed to make a decision on the application within 180 days	17(40)
	<input type="checkbox"/> Application for an amendment to the Official Plan – refused by the municipality	22(7)
	<input type="checkbox"/> Application for an amendment to the Official Plan – failed to make a decision on the application within 180 days	22(7)
	Subdivision	<input type="checkbox"/> Appeal a decision
<input type="checkbox"/> Appeal conditions imposed		51(43) or 51(48)
<input type="checkbox"/> Failed to make a decision on the application within 180 days		51(34)

**Part 2: Location Information**

8 Highbourne Road, Toronto Lot 167 Rp 569 & Lot 9 & Pt Lot 8 Rp 2369

Address and/or Legal Description of property subject to the appeal:

Municipality City of Toronto

**Part 3: Appellant Information**

First Name Joseph Last Name Dason

Company Name or Association Name (Association must be incorporated - include copy of letter of incorporation)

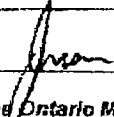
Professional Title (if applicable) P. Eng.

E-mail Address \_\_\_\_\_  
By providing an e-mail address you agree to receive communications from the OMB by e-mail.

Daytime Telephone #: 905-771-7618 Alternate Telephone #: 416-704-1925

Fax #: 905-771-7619

Mailing Address: 14 Richview Court Thornhill  
Street Address Apt/Suite/Unit# City/Town  
Ontario L3T 7S9  
Province Country (if not Canada) Postal Code

Signature of Appellant:  Date: March 16, 2010

**Please note: You must notify the Ontario Municipal Board of any change of address or telephone number in writing. Please quote your OMB Reference Number(s) after they have been assigned.**

Personal information requested on this form is collected under the provisions of the *Planning Act, R.S.O. 1990, c. P. 13, as amended*, and the *Ontario Municipal Board Act, R.S.O. 1990, c. O. 28 as amended*. After an appeal is filed, all information relating to this appeal may become available to the public.

**Part 4: Representative Information (if applicable)**

I hereby authorize the named company and/or individual(s) to represent me:

First Name: Ronald Last Name Kanter

Company Name: Macdonald Sager Manis LLP

Professional Title: Counsel

E-mail Address: rkanter@msmlaw.ca  
By providing an e-mail address you agree to receive communications from the OMB by e-mail.

Daytime Telephone #: 416-361-2619 Alternate Telephone #: 416-364-1553

Fax #: 416-364-1453

Mailing Address: 150 York Street Toronto  
Street Address Apt/Suite/Unit# City/Town  
Ontario M5H 3S5  
Province Country (if not Canada) Postal Code

Signature of Appellant:  Date: March 16, 2010

(continued on next page.)

Please note: If you are representing the appellant and are NOT a solicitor, please confirm that you have written authorization, as required by the Board's Rules of Practice and Procedure, to act on behalf of the appellant. Please confirm this by checking the box below.

I certify that I have written authorization from the appellant to act as a representative with respect to this appeal on his or her behalf and I understand that I may be asked to produce this authorization at any time.

**Part 5: Appeal Specific Information**

1. Provide specific information about what you are appealing. For example: Municipal File Number(s), By-law Number(s), Official Plan Number(s) or Subdivision Number(s):

(Please Print)

Toronto Committee of Adjustment File Number A0129/10TEY

2. Outline the nature of your appeal and the reasons for your appeal. Be specific and provide land-use planning reasons (for example: the specific provisions, sections and/or policies of the Official Plan or By-law which are the subject of your appeal - if applicable). \*\*If more space is required please continue in Part 8 or attach a separate page.

(Please Print)

See Attachment #1

**\*\*The following sections (a&b) apply only to appeals of Zoning By-law Amendments under Section 34(11) of the Planning Act.**

a) DATE APPLICATION SUBMITTED TO MUNICIPALITY: \_\_\_\_\_  
(If application submitted on or after January 1, 2007 please use the OMB1 'Bill 51' form.)

b) Provide a brief explanatory note regarding the proposal, which includes the existing zoning category, desired zoning category, the purpose of the desired zoning by-law change, and a description of the lands under appeal:  
\*\*If more space is required please continue in Part 8 or attach a separate page.

[Empty box for providing a brief explanatory note regarding the proposal, including zoning categories and land description.]



**Part 9: Required Fee**

**Total Fee Submitted:** \$ 125

**Payment Method:**  Certified cheque \*  Money Order

- The payment must be in Canadian funds, payable to the **Minister of Finance**.
- Do not send cash.

\*Or Solicitor's general or trust account cheque.

**Appeal of Toronto Committee of Adjustment Decision**  
**A0129/10TEY re 8 Highbourne Road**

**A. Objection to the Decision**

The owner, Joseph Dason, objects to the Decision of the Committee of Adjustment made on March 10, 2010 to deny his application for minor variances.

**B. Reasons for the Appeal**

1. The variances, individually and collectively, are minor in nature.
2. The variances, individually and collectively, are appropriate for the appropriate development of the site
3. The variances, individually and collectively, maintain the general purpose and intent of the official plan.
4. The variances, individually and collectively, maintain the general purpose and intent of the zoning by-law.
5. In the circumstances of this case, the variances, individually and collectively, will not have a significant adverse impact.
6. The hardship (resulting from the fire on the property) and the needs of the applicant are relevant factors in determining that the variances, individually and collectively, are desirable.