## AIRD & BERLIS LLP

Barristers and Solicitors

Robert G. Doumani Direct: 416.865.3060 E-mail: rdoumani@airdberlis.com

May 6, 2011

BY EMAIL

Our File No. 105914

City Clerk Toronto City Hall 100 Queen Street West 10<sup>th</sup> Floor, West Tower Toronto, ON M5H 2N2

Attention:

Merle MacDonald, Administrator

Planning & Growth Management Committee

Dear Ms. MacDonald:

Re:

Appeal of By-law 537-2011, By-law 538-2011, By-law 539-2011, By-law 540-2011, By-law 541-2011, By-law 542-2011, By-law 543-2011 and By-law-544-2011 pursuant to Section 34(19) of the Planning Act;

#### 7 St. Dennis Drive

We act on behalf of W.J. Holdings Limited and other related corporations in respect of the above referenced lands located in the City of Toronto.

Prior to the August 2010 enactment of comprehensive Zoning By-law No. 1156-2010, written submissions were made to the City of Toronto outlining our client's concerns with respect to how the City's new zoning by-law would impact their lands. Our client's concerns were not addressed prior to the enactment of By-law No. 1156-2010 and, accordingly, our client appealed Council's decision to enact By-law No. 1156-2010. [Appeal # 88]

Under separate cover by letter dated March 22, 2011 we provided written submissions on the above noted By-laws which were considered at the public meeting held on March 24, 2011.

On behalf of our clients we hereby appeal By-law 537-2011, By-law 538-2011, By-law 539-2011, By-law 540-2011, By-law 541-2011, By-law 542-2011, By-law 543-2011 and By-law 544-2011 pursuant to Section 34(19) of the *Planning Act*, as they fail to respond to our client's objections to By-law 1156-2010.

Our clients reserve their rights to raise such further and other grounds at any hearing of their appeal.

In support of our clients' appeal please find enclosed our completed Appellant Form A1 for the Ontario Municipal Board with respect to each of the above noted by-laws. Our solicitor's cheques for the prescribed fee payable to the Minister of Finance in the amount of \$125.00 per appeal will follow once we determine whether City Council has repealed By-law 1156-2010.

Yours truly,

AIRD & BERLIS LLP

Robert G. Doumani

RGD/bna/eb

Encl.

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P. Fryers

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# **Environment and Land Tribunals Ontario** Ontario Municipal Board 655 Bay Street, Suite 1500 Toronto, Ontario M5G 1E5 TEL: (416) 212-6349 or Toll Free: 1-866-448-2248 FAX: (416) 326-5370

**APPELLANT FORM (A1) PLANNING ACT** 

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## SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Numb	ber (OMB	Office Use	Only)		

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)	
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Part 2: Location Information	
Please see asterisked property on Schedule 1 attached	
Address and/or Legal Description of property subject to the appeal:	
Municipality/Upper tier: City of Toronto	

Part 3: Appellant Information		
First Name:	Last Name:	
W. J. Holdings Limited		
Company Name or Association Name (Association must be in	ncorporated – include copy of letter o	f incorporation)
Professional Title (if applicable):		
E-mail Address: perry@wjproperties.ca		
By providing an e-mail address you agree	e to receive communications from the OMB	by e-mail.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:	_	
Mailing Address: 7 St. Dennis Drive	Suite 101	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3C 1E4
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
Signature of Appellant: (Signature not required if the app	peal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Boar quote your OMB Reference Number(s) after they have be		phone number in writing. Please
Personal information requested on this form is collected under and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. O. 28 a may become available to the public.		
Part 4: Representative Information (if applicable)		
rait 4. Nepresentative information (if applicable)		
I hereby authorize the named company and/or indiv	idual(s) to represent me:	
First Name: Robert	_ Last Name:Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
F-mail Address: rdoumani@airdberlis.com		
By providing an e-mail address you agre	e to receive communications from the OMB	by e-mail.
Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
Fax #:416.863.1515		
Mailing Address: Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M5J 2T9
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date: May \$ 201
digitature of Appellant.		
Please note: If you are representing the appellant and are required by the Board's Rules of Practice and Procedure, to below.	NOT a solicitor, please confirm the act on behalf of the appellant. Ple	at you have written authorization, as ease confirm this by checking the box
I certify that I have written authorization from the appella behalf and I understand that I may be asked to produce t		pect to this appeal on his or her

A1 Revised April 2010 Page 3 of 5

Part 5: Language and Accessibility
Please choose preferred language: English French
We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.
Part 6: Appeal Specific Information
<ol> <li>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):</li> </ol>
(Please print)
City of Toronto Zoning By-law No. 537-2011
<ol> <li>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 9 or attach a separate page.</li> </ol>
(Please print)
See cover letter.
THE FOLLOWING SECTIONS (a&b) APPLY ONLY TO APPEALS OF ZONING BY-LAW AMENDMENTS UNDER SECTION 34(11) OF THE PLANNING ACT.
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A1 Revised April 2010 Page 4 of 5

Appeal # 207

Part 8: Scheduling information					<u> </u>
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How many days do you estimate are needed for hearing this appeal?	half o	day *	1 day	2 days	3 days
4 days 1 week More than 1 week - please specify	y num	ber of days	: Unk	nown	
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Describe expert witness(es)' area of expertise (For example: land use pla	inner,	architect, o	enginee	er, etc.):	
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If yes, why? To settle the issue raised in this appeal.	<del></del>				
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Part 10: Required Fee					
Total Fee Submitted: \$ 125.00					
Payment Method: Certified cheque Money Order	Īx	Solicitor's	genera	al or trust acco	unt cheque
The payment must be in Canadian funds, payable to the Mir	nister	of Financ	e.		
Do not send cash.					

A1 Revised April 2010 Page 5 of 5

PLEASE ATTACH THE CERTIFIED CHEQUE/MONEY ORDER TO THE FRONT OF THIS FORM.



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**APPELLANT FORM (A1) PLANNING ACT** 

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First Name:	Last Name:	
W. J. Holdings Limited		
Company Name or Association Name (Association must be	incorporated - include copy of lette	er of incorporation)
Professional Title (if applicable):		
E-mail Address:perry@wjproperties.ca		
By providing an e-mail address you ago	ree to receive communications from the C	OMB by e-mail.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:	<del></del>	
Mailing Address: 7 St. Dennis Drive	Suite 101	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3C 1E4
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
Signature of Appellant: (Signature not required if the appear of the app	opeal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Boa quote your OMB Reference Number(s) after they have b		telephone number in writing. Please
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I hereby authorize the named company and/or indi	ividual(s) to represent me:	
First Name: Robert	Last Name: Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
E-mail Address: rdoumani@airdberlis.com		
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Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
Fax #: 416.863.1515	<u> </u>	
	Suite 1800, Box 754	Toronto
Mailing Address: Brookfield Place, 181 Bay Street Street Address	Apt/Suite/Unit#	City/Town
	in parametricities	M5J 2T9
Ontario	Country (if not Canada)	Postal Code /
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Appeal # 207

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4 days 1 week More than 1 week – please specif	y num	ber of da	ys: <u>Unl</u>	cnown		
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If yes, why? To settle the issue raised in this appeal.						
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Part 10: Required Fee						
Total Fee Submitted: \$ 125.00						
Payment Method: Certified cheque Money Order	x	Solicito	's gener	al or tru	st accou	int cheque
The payment must be in Canadian funds, payable to the Min	nietar	of Finar	ice			•
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<ul> <li>Do not send cash.</li> </ul>						

A1 Revised April 2010 Page 5 of 5

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## **Environment and Land Tribunals Ontario Ontario Municipal Board**

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Date Stamp - Appeal Received by Municipality

655 Bay Stree	t, Suite 150	0 Toronto, 0	Ontario M5G
TEL: (416) 21	2-6349 or T	oll Free: 1-	866-448-224
FAX: (416) 32	26-5370		

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**APPELLANT FORM (A1)** 

PLANNING ACT

Receipt Number (OMB Office Use Only)									
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First Name:		Last Name:	
W. J. Holdings I	Limited		
	r Association Name (Association must be in	corporated - include copy of letter	r of incorporation)
Professional Title	(if applicable):	.,,	
E-mail Address:	perry@wjproperties.ca		
E-mail Address, _	By providing an e-mail address you agree	to receive communications from the ON	//B by e-mail.
Daytime Telephon	re#: 416-429-5277	_ Alternate Telephone #:	
			m .
Mailing Address: _	7 St. Dennis Drive Street Address	Suite 101 Apt/Suite/Unit#	Toronto City/Town
		Appeditor officer	M3C 1E4
	Ontario Province	Country (if not Canada)	Postal Code
Signature of Appa		• • • • • • • • • • • • • • • • • • • •	Date:
Signature of Appe	llant:(Signature not required if the app	eal is submitted by a law office.)	Bate.
quote your OMB	u must notify the Ontario Municipal Board Reference Number(s) after they have bee	en assigned.	
and the Ontario N	ion requested on this form is collected unde <i>funicipal Board Act</i> , R.S.O. 1990, c. O. 28 a lable to the public.	s amended. After an appeal is file	d, all information relating to this appeal
Part 4: Repres	entative Information (if applicable)		
I hereby author	rize the named company and/or indiv	idual(s) to represent me:	
First Name: Rob	ert	Last Name: Doumani	
	Aird & Berlis LLP		
Professional Title			
E-mail Address:	rdoumani@airdberlis.com		
	By providing an e-mail address you agree	e to receive communications from the ON	MB by e-mail.
Daytime Telephor	ne #:416.865.3060	Alternate Telephone #:	
Fax #: 416.863			
Mailing Address:	Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M5J 2T9
	Province	Country (if not Canada)	Postal Code
Signature of Appe	ellant:		Date: N/046//
Please note: If y required by the E below.	ou are represe <del>nting the appellant a</del> nd are Board's Rules of Practice and Procedure, to	NOT a solicitor, please confirm act on behalf of the appellant.	that you have written authorization, as Please confirm this by checking the box
I certify that behalf and I u	I have written authorization from the appella understand that I may be asked to produce t	nt to act as a representative with r his authorization at any time.	espect to this appeal on his or her

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A1 Revised April 2010 Page 4 of 5

Part 8: Scheduling Information					
How many days do you estimate are needed for hearing this appeal?	half day	, _	1 dov	C dove	3 days
					Suays
4 days 1 week — More than 1 week — please specify	numbe	r of day	s: <u>Unki</u>	nown	<u> </u>
How many expert witnesses and other witnesses do you expect to have a One (1)	t the hea	aring pr	oviding	evidence/test	imony?
Describe expert witness(es)' area of expertise (For example: land use planer	nner, ar	chitect,	engin <del>ec</del>	er, etc.):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	Γ	NO	ix:	
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	X	NO	<b>T</b>	·
If yes, why? To settle the issue raised in this appeal.					
Part 9: Other Applicable Information ** Attach a separate page if mo	e space	is req	uired.		
				<u> </u>	
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Port 40: Parvised Foo					
Part 10: Required Fee					
Total Fee Submitted: \$ 125.00					
Payment Method: Certified cheque Money Order	s s	olicitor's	s genera	al or trust acco	ount cheque
<ul> <li>The payment must be in Canadian funds, payable to the Mir</li> </ul>	nister of	Financ	:e.		
Do not send cash.					

• PLEASE ATTACH THE CERTIFIED CHEQUE/MONEY ORDER TO THE FRONT OF THIS FORM.

# Environment and Land Tribunals Ontario Ontario Municipal Board

Date Stamp - Appeal Received by Municipality

Unand Municip	yai Duaiu
655 Bay Street, Sulte	1500 Toronto, Ontario M5G 1E
TEL: (416) 212-6349 FAX: (416) 326-5370	or Toll Free: 1-866-448-2248
www.eito.gov.on.ca	

APP	ELL/	ANT	FOF	RM (	(A1)
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## SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OME	3 Office Use Only)		***************************************
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SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)	
Minor Variance	Appeal a decision	45(12)	
	Appeal a decision	53(19)	
Consent/Severance	Appeal conditions imposed	53(18)	
	Appeal changed conditions	53(27)	
	Failed to make a decision on the application within 90 days	53(14)	
	Appeal the passing of a Zoning By-law	34(19)	
Zoning By-law or Zoning By-law Amendment	Application for an amendment to the Zoning By-law – failed to make a decision on the application within 120 days	34(11)	
	Application for an amendment to the Zoning By-law – refused by the municipality		
Interim Control By-law	Appeal the passing of an Interim Control By-law	38(4)	
	Appeal a decision	17(24) or 17(36)	
	Failed to make a decision on the plan within 180 days	17(40)	
Official Plan or Official Plan Amendment	Application for an amendment to the Official Plan – failed to make a decision on the application within 180 days	22(7)	
	Application for an amendment to the Official Plan - refused by the municipality		
	Appeal a decision	51(39)	
Plan of Subdivision	Appeal conditions imposed	51(43) or 51(48)	
	Failed to make a decision on the application within 180 days	51(34)	

Part 2: Location Information
Please see asterisked property on Schedule 1 attached
Address and/or Legal Description of property subject to the appeal:
Municipality/Upper tier: City of Toronto

Part 3: Appellant Information		
First Name:	Last Name:	
W. J. Holdings Limited		
Company Name or Association Name (Association must be	incorporated - include copy of lett	er of incorporation)
Professional Title (if applicable):		,
E-mail Address:perry@wjproperties.ca		
By providing an e-mail address you ago	ree to receive communications from the	OMB by e-mail.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:		
Mailing Address: 7 St. Dennis Drive	Suite 101	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3C 1E4
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
Signature of Appellant:(Signature not required if the appearance of Appellant:	opeal is submitted by a law office.	).
Please note: You must notify the Ontario Municipal Boa quote your OMB Reference Number(s) after they have be Personal information requested on this form is collected under the property of the collected of the collected under the collected of the collected under the	een assigned.	
and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. O. 28 may become available to the public.	as amended. After an appeal is fi	led, all information relating to this appeal
Part 4: Representative Information (if applicable)		
I hereby authorize the named company and/or ind	ividual(s) to represent me:	
First Name: Robert	Last Name: Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
F-mail Address: rdoumani@airdberlis.com		
By providing an e-mail address you ag	ree to receive communications from the	OMB by e-mail.
Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
Fax #: 416.863.1515		
Mailing Address: Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M5J 2T9
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date! 1/240/11
Please note: If you are representing the appellant and a required by the Board's Rules of Practice and Procedure, below.	re NOT a solicitor, please confiri to act on behalf of the appellant.	m that you have written authorization, as Please confirm this by checking the box
I certify that I have written authorization from the appel behalf and I understand that I may be asked to produce	llant to act as a representative with this authorization at any time.	n respect to this appeal on his or her

Please choose preferred language: TX English French
We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.
Part 6: Appeal Specific Information
<ol> <li>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):</li> </ol>
(Please print)
City of Toronto Zoning By-law No. 540-011
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 9 or attach a separate page.
(Please print)
See cover letter.
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 before January 1, 2007 please use the O1 'pre-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:
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a) DATE APPLICATION SUBMITTED TO MUNICIPALITY:  (If application submitted before January 1, 2007 please use the O1 'pre-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 9 or attach a separate page.  Part 7: Related Matters (if known)
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A1 Revised April 2010 Page 4 of 5

Part 8: Scheduling information			
How many days do you estimate are needed for hearing this appeal?	half	day T 1 da	ay 2 days 3 days
4 days 1 week More than 1 week – please specifi			
How many expert witnesses and other witnesses do you expect to have a One (1)	at the I	nearing provid	ing evidence/testimony?
Describe expert witness(es)' area of expertise (For example: land use planner	anner,	architect, engi	neer, etc.):
Do you believe this matter would benefit from mediation?  (Mediation is generally scheduled only when all parties agree to participate)	YES	<b>1</b>	10 K
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	<b>5</b> . <b>K</b> .	10 F
If yes, why? To settle the issue raised in this appeal.	<u> </u>		
Part 9: Other Applicable Information **Attach a separate page if mo	re spa	ice is required	d.
Part 10: Required Fee			
Total Fee Submitted: \$ 125.00			
Payment Method: Certified cheque Money Order	Ī	Solicitor's ger	neral or trust account cheque
The payment must be in Canadian funds, payable to the Min	nister	of Finance.	

- Do not send cash.
- PLEASE ATTACH THE CERTIFIED CHEQUE/MONEY ORDER TO THE FRONT OF THIS FORM.

A1 Revised April 2010 Page 5 of 5

#### **Environment and Land Tribunals Ontario Ontario Municipal Board**

**E**5

www.elto.gov.on.ca

655 B	ay Str	eet, S	uite 1	500 T	oronto	, Ontario	M5G 11
TEL:	(416)	212-6	349 or	Toll	Free:	1-866-44	8-2248
FAX:	(416)	326-	5370				

## SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

**APPELLANT FORM (A1)** 

**PLANNING ACT** 

Date Stamp - Appeal Received by Municipality	
	Receipt Number (OMB Office Use Only)

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)	
Minor Variance	Appeal a decision	45(12)	
	Appeal a decision	E9/40)	
Consent/Severance	Appeal conditions imposed	53(19)	
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Part 2: Location Information	
Please see asterisked property on Schedule 1 attached	
Address and/or Legal Description of property subject to the a	ppeal:
Municipality/Upper tier: City of Toronto	

Part 3: Appellant Information		
First Name:	Last Name:	
W. J. Holdings Limited		
Company Name or Association Name (Association must be in	corporated – include copy of letter o	f incorporation)
Professional Title (if applicable):		
E-mail Address:perry@wjproperties.ca		
By providing an e-mail address you agree	e to receive communications from the OMB	by e-mall.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:		
Mailing Address: 7 St. Dennis Drive	Suite 101	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3C 1E4
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
Signature of Appellant: (Signature not required if the app	peal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Board quote your OMB Reference Number(s) after they have be		phone number in writing. Please
Personal information requested on this form is collected under and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. O. 28 a may become available to the public.	er the provisions of the <i>Planning Act</i> , as amended. After an appeal is filed,	R.S.O. 1990, c. P. 13, as amended, all information relating to this appeal
Part 4: Representative Information (if applicable)		
I hereby authorize the named company and/or indiv	idual(s) to represent me:	
First Name: Robert	_ Last Name: Doumani	A
Company Name: Aird & Berlis LLP	The state of the s	
Professional Title: Solicitor		- <u> </u>
F-mail Address: rdoumani@airdberlis.com		
	e to receive communications from the OMB	by e-mail.
Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
Fax #:416.863.1515		
Mailing Address:Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M5J 2T9
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		
		/ / '
Please note: If you are representing the appellant and are required by the Board's Rules of Practice and Procedure, to below.	NOT a solicitor, please confirm the act on behalf of the appellant. Ple	at you have written authorization, as ease confirm this by checking the box
I certify that I have written authorization from the appella behalf and I understand that I may be asked to produce t	ant to act as a representative with res	pect to this appeal on his or her

A1 Revised April 2010 Page 3 of 5

Please choose preferred language: English French
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4 days 1 week More than 1 week – please specify	y numk	per of days: Unknown	<del></del>
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Describe expert witness(es)' area of expertise (For example: land use planner	nner, a	architect, engineer, etc.):	
Do you believe this matter would benefit from mediation?  (Mediation is generally scheduled only when all parties agree to participate)	YES	r <sub>NO</sub> k	*
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	s k No	
If yes, why? To settle the issue raised in this appeal.			<del>`</del>
Part 9: Other Applicable Information ** Attach a separate page if mo	re spa	ice is required.	
	.,		
Part 10: Required Fee			
Total Fee Submitted: \$ 125.00			
Payment Method: Certified cheque Money Order	x	Solicitor's general or trust a	ccount cheque
<ul> <li>The payment must be in Canadian funds, payable to the Min</li> </ul>	nister	of Finance.	

- Do not send cash.
- PLEASE ATTACH THE CERTIFIED CHEQUE/MONEY ORDER TO THE FRONT OF THIS FORM.

# **Environment and Land Tribunals Ontario**

Ontario Municipal Board 655 Bay Street, Suite 1500 Toronto, Ontario M5G 1E5 TEL: (416) 212-6349 or Toll Free: 1-866-448-2248 FAX: (416) 326-5370

www.elto.gov.on.ca

Date Stamp - Appeal Recaived by Municipality	 	
		1

#### **APPELLANT FORM (A1) PLANNING ACT**

## SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

 Receipt Number (OMB Office Use Only)

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Minor Variance	Appeal a decision	45(12)
	Appeal a decision	59/10\
Consent/Severance	Appeal conditions imposed	53(19)
	Appeal changed conditions	53(27)
	Failed to make a decision on the application within 90 days	53(14)
	Appeal the passing of a Zoning By-law	34(19)
Zoning By-law or	Application for an amendment to the Zoning By-law – failed to make a decision on the application within 120 days	34(11)
Zoning By-law Amendment	Application for an amendment to the Zoning By-law – refused by the municipality	
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Part 2: Location Information			
Please see asterisked property on Schedule 1 attached			
Address and/or Legal Description of property subject	to the appeal:		······································
Municipality/Upper tier: City of Toronto			 ······································

Part 3: Appellant	Information		
First Name:		_ Last Name:	
W. J. Holdings Lir			
	Association Name (Association must be in	ncorporated - include copy of letter	of incorporation)
Professional Title (if	applicable):		
E-mail Address:	perry@wjproperties.ca		
	By providing an e-mail address you agree	e to receive communications from the OME	B by e-mail.
Daytime Telephone	#: 416-429-5277	Alternate Telephone #:	
Fax #:			
Mailing Address:	7 St. Dennis Drive	Suite 101	Toronto
S	treet Address	Apt/Suite/Unit#	City/Town
	Ontario		M3C 1E4
P	rovince	Country (if not Canada)	Postal Code
Signature of Appella	nt:(Signature not required if the app		Date:
	(Signature not required if the app	peal is submitted by a law office.)	
Please note: You i quote your OMB R	must notify the Ontario Municipal Boar eference Number(s) after they have be	d of any change of address or tele en assigned.	ephone number in writing. Please
and the Ontario Mur may become availal	n requested on this form is collected undenicipal Board Act, R.S.O. 1990, c. O. 28 able to the public.  ntative Information (if applicable)	as amended. After an appeal is filed	, all information relating to this appeal
		idual(a) to represent mo	
-	e the named company and/or indiv		
First Name: Rober		Last Name:Doutham	
	Aird & Berlis LLP		
Professional Title: _	Solicitor		
E-mail Address:	rdoumani@airdberlis.com	e to receive communications from the OME	3 hy e-mail
			o wy vaniana
Daytime Telephone		Alternate Telephone #:	
Fax #:416.863.1	515		
Mailing Address:	Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
	Street Address	Apt/Suite/Unit#	City/Town
_	Ontario		M5J 2T9
F	Province	Country (if not Canada)	Postal Code
Signature of Appella	ant:		Date / P/1/
Please note: If you required by the Book below.	u are representing the appellant and are ard's Rules of Practice and Procedure, to	e NOT a solicitor, please confirm to a act on behalf of the appellant. Pl	hat you have written authorization, as lease confirm this by checking the box
l certify that I h	nave written authorization from the appella derstand that I may be asked to produce t	ant to act as a representative with re this authorization at any time.	spect to this appeal on his or her

Part 5: Language and Accessibility
Please choose preferred language: English French
We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.
Part 6: Appeal Specific Information
<ol> <li>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):</li> </ol>
(Please print)
City of Toronto Zoning By-law No. 542-011
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 9 or attach a separate page.
(Please print)
See cover letter.
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Appeal # 207

Part 8: Scheduling information				
	<b>r</b>	r.	<b>r</b>	<b>-</b>
How many days do you estimate are needed for hearing this ap				s 3 days
4 days 1 week - plea	se specify num	ber of days	Unknown	
How many expert witnesses and other witnesses do you expect One (1)	to have at the	hearing pro	viding evidence/	testimony?
Describe expert witness(es)' area of expertise (For example: lar	nd use planner,	architect, e	engineer, etc.):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participal terms of the part	YES	5 T	NO K	
Do you believe this matter would benefit from a prehearing conf (Prehearing conferences are generally not scheduled for variances or o	erence? YEs	5 K	NO T	
If yes, why? To settle the issue raised in this appeal.				
Part 9: Other Applicable Information **Attach a separate pa	ge if more sp	ace is requ	ired.	
Part 10: Required Fee				
Total Fee Submitted: \$ 125.00	_			
Payment Method: Certified cheque Money	Order 🔽	Solicitor's	general or trust a	account cheque
The payment must be in Canadian funds, payable to	o the Minister	of Finance	<del>)</del> .	
Do not send cash.				

PLEASE ATTACH THE CERTIFIED CHEQUE/MONEY ORDER TO THE FRONT OF THIS FORM.



# Environment and Land Tribunals Ontario

www.elto.gov.on.ca

**PLANNING ACT** Ontario Municipal Board
655 Bay Street, Sulte 1500 Toronto, Ontario M5G 1E5
TEL: (416) 212-6349 or Toll Free: 1-866-448-2248
FAX: (416) 326-5370 SUBMIT COMPLETED FORM

**APPELLANT FORM (A1)** 

TO MUNICIPALITY/APPROVAL AUTHORITY

Date Stamp - Appeal Received by Municipality	
	Receipt Number (OMB Office Use Only)

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Minor Variance	Appeal a decision	45(12)
Consent/Severance	Appeal a decision  Appeal conditions imposed	53(19)
	Appeal changed conditions	53(27)
	Failed to make a decision on the application within 90 days	53(14)
	Appeal the passing of a Zoning By-law	34(19)
Zoning By-law or	Application for an amendment to the Zoning By-law – failed to make a decision on the application within 120 days	34(11)
Zoning By-law Amendment	Application for an amendment to the Zoning By-law – refused by the municipality	
Interim Control By-law	Appeal the passing of an Interim Control By-law	38(4)
	Appeal a decision	17(24) or 17(36)
	Failed to make a decision on the plan within 180 days	17(40)
Official Plan or Official Plan Amendment	Application for an amendment to the Official Plan – failed to make a decision on the application within 180 days	22(7)
	Application for an amendment to the Official Plan – refused by the municipality	
	Appeal a decision	51(39)
Plan of Subdivision	Appeal conditions imposed	51(43) or 51(48)
	Failed to make a decision on the application within 180 days	51(34)

Part 2: Location Information	
Please see asterisked property on Schedule 1 attached	
Address and/or Legal Description of property subject to the appeal:	
Municipality/Upper tier: City of Toronto	

Part 3: Appellant Information		
First Name:	Last Name:	
W. J. Holdings Limited		
Company Name or Association Name (Association must be in	ncorporated – include copy of letter o	of incorporation)
Professional Title (if applicable):		
E-mail Address: perry@wjproperties.ca		
By providing an e-mail address you agre	e to receive communications from the OMB	by e-mail.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:	_	
Mailing Address: 7 St. Dennis Drive	Suite 101	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3C 1E4
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
(Signature not required if the ap	peal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Boar quote your OMB Reference Number(s) after they have be	rd of any change of address or tele en assigned.	ephone number in writing. Please
Personal information requested on this form is collected und and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. O. 28 may become available to the public.	er the provisions of the <i>Planning Act</i> as amended. After an appeal is filed,	, R.S.O. 1990, c. P. 13, as amended, all information relating to this appeal
Part 4: Representative Information (if applicable)		
I hereby authorize the named company and/or indiv	vidual(s) to represent me:	
First Name: Robert	Last Name: Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
F-mail Address: rdoumani@airdberlis.com		
	ee to receive communications from the OME	by e-mail.
Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
Fax #:416.863.1515		
Mailing Address: Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M5J 2T9
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Datte/ 90/ / /
	a NOTe a policitor, mission confirme the	not you have written authorization as
Please note: If you are representing the appellant and are required by the Board's Rules of Practice and Procedure, to below.	e NOT a solicitor, please confirm to act on behalf of the appellant. Pl	ease confirm this by checking the box
I certify that I have written authorization from the appell behalf and I understand that I may be asked to produce	ant to act as a representative with res this authorization at any time.	spect to this appeal on his or her

A1 Revised April 2010 Page 3 of 5

Part 5: Language and Accessibility
Please choose preferred language: English French
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(Please print)
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See cover letter.
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Appeal # 207

Part 8: Scheduling information					l
	_				
How many days do you estimate are needed for hearing this appeal?					3 days
4 days 1 week More than 1 week – please specify	y numb	per of day	s: Unki	nown	
How many expert witnesses and other witnesses do you expect to have a One (1)	at the h	nearing pr	oviding	evidence/testi	mony?
Describe expert witness(es)' area of expertise (For example: land use planner	nner, a	architect,	enginee	er, etc.):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES		NO	<b>X</b>	
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	Īx .	NO		
If yes, why? To settle the issue raised in this appeal.				- · · · · · · · · · · · · · · · · · · ·	
Part 9: Other Applicable Information **Attach a separate page if mo	re spa	ce is req	uired.		
					· · · · · · · · · · · · · · · · · · ·
Part 10: Required Fee					
Total Fee Submitted: \$ 125.00					
Payment Method: Certified cheque Money Order	x	Solicitor's	s genera	al or trust acco	unt cheque
The payment must be in Canadian funds, payable to the Mil	nister	of Financ	e.		

- Do not send cash.
- PLEASE ATTACH THE CERTIFIED CHEQUE/MONEY ORDER TO THE FRONT OF THIS FORM.



## **Environment and Land Tribunals Ontario**

Ontario Municipal Board
655 8ay Street, Sulte 1500 Toronto, Ontario M5G 1E5
TEL: (416) 212-6349 or Toll Free: 1-866-448-2248
FAX: (416) 326-5370

www.elto.gov.on.ca

Date Stamp - Appeal Received by Municipality

APPEL	LANT	<b>FORM</b>	(A1)
	PLAN	INING	ACT

## SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Minor Variance	Appeal a decision	45(12)
	Appeal a decision	53(19)
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Please see asterisked property on Schedule 1 attached			
Address and/or Legal Description of property subject to the	e appeal:		
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First Name:	Last Name:	
W. J. Holdings Limited		
Company Name or Association Name (Association must be in	ncorporated – include copy of letter o	f incorporation)
Professional Title (if applicable):		
E-mail Address:perry@wjproperties.ca		
By providing an e-mail address you agree	e to receive communications from the OMB	by e-mail.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:		T
Mailing Address: 7 St. Dennis Drive Street Address	Suite 101 Apt/Suite/Unit#	Toronto City/Town
	Appoditoronia	M3C 1E4
Ontario Province	Country (if not Canada)	Postal Code
	100.0	Date:
Signature of Appellant:(Signature not required if the app	peal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Boar quote your OMB Reference Number(s) after they have be	rd of any change of address or tele	phone number in writing. Please
Personal information requested on this form is collected und and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. O. 28 a may become available to the public.	er the provisions of the <i>Planning Act</i> , as amended. After an appeal is filed,	R.S.O. 1990, c. P. 13, as amended, all information relating to this appeal
Part 4: Representative Information (if applicable)		0.000
I hereby authorize the named company and/or indiv	vidual(s) to represent me:	
First Name: Robert	-	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor	, Western	
rdoumani@airdharlia aam		
	ee to receive communications from the OMB	by e-mail.
Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
	Mornae Tolophone	
Fax #: 416.863.1515		
Mailing Address: Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M5J 2T9
Province	Country (if not Canada)	Postal Gode
Signature of Appellant:		Date: WYY I
Please note: If you are representing the appellant and are required by the Board's Rules of Practice and Procedure, to below.	e NOT a solicitor, please confirm the oact on behalf of the appellant. Pl	nat you have written authorization, as ease confirm this by checking the box

Page 3 of 5

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guet gen
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One (1)						
Describe expert witness(es)' area of expertise (For example: land use planner	nner, ar	chitect,	engine	er, etc	o.):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	Γ	NO	x		
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	Ī <b>x</b>	NO	Γ		
If yes, why? To settle the issue raised in this appeal.						
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	-					
		-				
						<del></del>
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Part 10: Required Fee						
Total Fee Submitted: \$ 125.00						
Payment Method: Certified cheque Money Order	Īx S∈	olicitor's	s genera	al or t	rust accou	unt cheque
The payment must be in Canadian funds, payable to the Mir	nister of	Financ	e.			
Do not send cash.						

A1 Revised April 2010 Page 5 of 5

PLEASE ATTACH THE CERTIFIED CHEQUE/MONEY ORDER TO THE FRONT OF THIS FORM.

## **SCHEDULE 1**

- 1. 1731, 1735 & 1739 Victoria Park Avenue
- 2. 22 Oakmount Road
- 3. 125 Neptune Drive
- 4. 2550-2560 Kingston Road
- 5. 10 Grenoble Drive
- 6. 7 St. Dennis Street\*
- 7. 140 Carlton Street

9281131.1