### 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. 87265

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;

1844 – 1854 Bloor Street West, 6-14 Oakmount Road and 35 and 37 Pacific Avenue, City of Toronto

We act on behalf of W.J. Holdings Limited, Davhill Investments Limited and Car-Allan Investments Limited, 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 clients' concerns with respect to how the City's new zoning by-law would impact their lands. Our clients' concerns were not addressed prior to the enactment of By-law No. 1156-2010 and, accordingly, our clients 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to the Minister of Finance in the amount of \$125.00 per appeal will follow once we determine whether City Council has repealed By-law 1156-2010.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.

c. P. Fryers

P. Stagl

9278849.1

www.elto.gov.on.ca

Date Stamp - Appeal Received by Municipality

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 TO MUNICIPALITY/APPROVAL AUTHORITY

**APPELLANT FORM (A1)** 

**PLANNING ACT** 

Rece	eipt Number (C	DMB Office Us	ie 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	
	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		
1844-1854 Bloor Street West, 6-14 Oakmount Road and 35 and 37 Pacific Avenue	e, City of Toronto	
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, Davhill Investments Limited and		
Company Name or Association Name (Association must be		r of incorporation)
Professional Title (if applicable):		
E-mail Address:perry@wjproperties.ca		
By providing an e-mail address you agr	ree to receive communications from the Of	MB 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: (Signature not required if the ap		Date:
(Signature not required if the ap	ppeal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Boa	ard of any change of address or te	elephone number in writing. Please
quote your OMB Reference Number(s) after they have b	een assigned.	
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.	der the provisions of the <i>Planning A</i> as amended. After an appeal is file	ct, R.S.O. 1990, c. P. 13, as amended, d, all information relating to this appeal
Part 4: Representative Information (if applicable)		
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		
F-mail.Address: rdoumani@airdberlis.com		
By providing an e-mail address you ag	ree to receive communications from the OI	MB 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 Cade
Signature of Appellant:		
		// /
Please note: If you are representing the appellant and ar required by the Board's Rules of Practice and Procedure, below.	re NOT a solicitor, please confirm to act on behalf of the appellant.	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	lant to act as a representative with retained the thick authorization at any time.	respect to this appeal on his or her

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
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)
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 <i>PLANNING ACT</i> .
a) DATE APPLICATION SUBMITTED TO MUNICIPALITY:
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Part 8: Scheduling Information				
How many days do you estimate are needed for hearing this appeal?	half (	day.	1 day 2 days	T 3 days
				o dayo
4 days 1 week More than 1 week – please spe	cify num	ber of da	ys: Unknown	
How many expert witnesses and other witnesses do you expect to hav One (1)	e at the l	nearing p	roviding evidence/tes	stimony?
Describe expert witness(es)' area of expertise (For example: land use Planner	planner,	architect	engineer, etc.):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	<b>.</b>	NO X	
Do you believe this matter would benefit from a prehearing conference (Prehearing conferences are generally not scheduled for variances or consent	? YES	S	NO: T	
If yes, why? To settle the issue raised in this appeal.				
Part 9: Other Applicable Information **Attach a separate page if r	nore spa	ice is red	γuired.	
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Part 10: Required Fee				
Total Fee Submitted: \$_125.00				
Payment Method: Certified cheque Money Order	x	Solicitor	's general or trust acc	ount cheque
The payment must be in Canadian funds, payable to the l	Minister	of Finan	ce.	
Do not send cash.				

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



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

www.elto.gov.on.ca

Date Stamp -	Appeal R <b>eceived</b>	by Municipality	

#### SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

APPELLANT FORM (A1)
PLANNING ACT

Receipt Number (OMB Office Use	Only)
Programme Baseline	

Part 1: Ap	peal Type	(Please	check	only one	: box)

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
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Address and/or Legal Description of prop	erty subject to th	he appeal:		
Municipality/Upper tier: City of Toronto				ilijaikamino <del>s viralini</del>

First Name:		
W. J. Holdings Limited, Davhill Investments Limited Company Name or Association Name (Association must		er of incorporation)
Professional Title (if applicable):		
E-mail Address: perry@wjproperties.ca	agree to receive communications from the 0	OMB by e-mail.
by providing an e-mail address you	agioc to receive communications in an array	
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:	appeal is submitted by a law office.)	Date:
(Signature not required in the	e appeai is submitted by a law oπice.,	<b>,</b>
Please note: You must notify the Ontario Municipal E quote your OMB Reference Number(s) after they have		telephone number in writing. Pleas
and the Ontario Municipal Board Act, R.S.O. 1990, c. O.	under the provisions of the <i>Planning</i> 28 as amended. After an appeal is fi	Act, R.S.O. 1990, c. P. 13, as amende led, all information relating to this appe
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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
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)
City of Toronto Zoning By-law No. 538-2011
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.
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Appeal # 207

Part 8: Scheduling Information
How many days do you estimate are needed for hearing this appeal? half day 1 day 2 days 3 days
4 days 1 week More than 1 week – please specify number of days: Unknown
How many expert witnesses and other witnesses do you expect to have at the hearing providing evidence/testimony?  One (1)
Describe expert witness(es)' area of expertise (For example: land use planner, architect, engineer, etc.): Planner
Do you believe this matter would benefit from mediation?  (Mediation is generally scheduled only when all parties agree to participate)
Do you believe this matter would benefit from a prehearing conference? YES NO (Prehearing conferences are generally not scheduled for variances or consents)
If yes, why? To settle the issue raised in this appeal.
Part 9: Other Applicable Information **Attach a separate page if more space is required.
Part 10: Required Fee
Total Fee Submitted: \$ 125.00
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The payment must be in Canadian funds, payable to the Minister 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

**APPELLANT FORM (A1) PLANNING ACT** 

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are with -	Appeal Receive	 	

#### SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Recei	ipt Number (OMB Office Use	e Only)
		Contact Contact Contact

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Minor Variance	Appeal a decision	45(12)
	Appeal a decision	52/40)
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)
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Interim Control By-law	Appeal the passing of an Interim Control By-law	38(4)
	Appeal a decision	17(24) or 17(36)
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	Failed to make a decision on the application within 180 days	51(34)

Part 2: Location Information	
1844-1854 Bloor Street West, 6-14 Oakmount Road and 35 and 37 Pacific Avenue, City of Toronto	
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, Davhill Investments Limited and	Car-Allan Investments 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 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 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.	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	• • •	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
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	<b>3</b>	M5J 2T9
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
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 his authorization at any time.	pect to this appeal on his or her

Part 5: Language and Accessibility
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. 539-2011
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.
SECTION 34(11) OF THE PLANNING ACT.
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Appeal # 207

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How many days do you estimate are needed for hearing this appeal?						days	- <b>3</b>	days
4 days 1 week More than 1 week – please specif	y num	ber of o	lays: _	Unkr	nown	<del></del>		·
How many expert witnesses and other witnesses do you expect to have One (1)	at the I	hearing	provid	ding	evider	nce/test	imony	?
Describe expert witness(es)' area of expertise (For example: land use planner	anner,	archite	ct, eng	inee		):		
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES		İ	NO	IX			
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	S X		NO	Γ			
If yes, why? To settle the issue raised in this appeal.						- vita for delate		<u> </u>
Part 9: Other Applicable Information **Attach a separate page if mo	re spa	ice is r	equire	ed.				
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Part 10: Required Fee								
Total Fee Submitted: \$ 125.00								
Payment Method: Certified cheque Money Order	Ī	Solicit	or's ge	nera	l or tr	ust acco	ount cl	neque
The payment must be in Canadian funds, payable to the Mi	nister	of Fina	ance.					
Do not send cash.								

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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

TEL: (416) 212-6349 or Toll Free: 1-866-448-2248
FAX: (416) 326-5370
www.elfo.gov.on.ca

SUBMIT COMPLETED FORM
TO MUNICIPALITY/APPROVAL AUTHORITY

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

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Part 2: Location Information	
1844-1854 Bloor Street West, 6-14 Oakmount Road and 35 and 37 Pacific Avenue, City of Toronto	
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, Davhill Investments Limited a		
Company Name or Association Name (Association must be		er of incorporation)
Professional Title (if applicable):		
E-mail Address:perry@wjproperties.ca		
By providing an e-mail address you	agree to receive communications from the C	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:(Signature not required if the	anneal is submitted by a law office.)	Date:
Please note: You must notify the Ontario Municipal B quote your OMB Reference Number(s) after they have		telephone number in writing. Please
Part 4: Representative Information (if applicable I hereby authorize the named company and/or in	dividual(s) to represent me:	
First Name: Robert	Last Name:Doumani	
Company Name: Aird & Berlis LLP	4.44.44	
Professional Title: Solicitor		
F-mail Address: rdoumani@airdberlis.com	agree to receive communications from the G	OISO by a mail
		OMB by e-Itali.
Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
Fax #: 416.863.1515	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
Mailing Address: Brookfield Place, 181 Bay Street		
Street Address	Suite 1800, Box 754	Toronto
Stiedt Addiess	Suite 1800, Box 754 Apt/Suite/Unit#	City/Town
Ontario	Apt/Suite/Unit#	City/Town M5J 2T9
		City/Town
Ontario	Apt/Suite/Unit#	City/Town M5J 2T9
Ontario Province	Apt/Suite/Unit#  Country (if not Canada)  are NOT a solicitor, please confirm	City/Town  M5J 2T9  Postal Code  Date:  that you have written authorization, as

Part 5: Language and Accessibility
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Appeal # 207

Part 8: Scheduling information					<u> </u>
	•	<b>***</b>		<b>F</b>	nomor.
How many days do you estimate are needed for hearing this appeal?					3 days
4 days 1 week More than 1 week – please spec	ify num	ber of day	s: Unk	nown	<del></del>
How many expert witnesses and other witnesses do you expect to have One (1)	at the l	hearing pr	oviding	evidence/test	imony?
Describe expert witness(es)' area of expertise (For example: land use p	olanner,	architect,	enginee	er, etc.):	an Harakina da a
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	, <b>「</b>	NO	JX.	
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	S X	NO	<b>r</b> .	
If yes, why? To settle the issue raised in this appeal.		<del></del>			-
Part 9: Other Applicable Information **Attach a separate page if m	ore spa	ace is requ	uired.		
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				<u> </u>	
	and the state of t				
	, ,				
	+-				***************************************
Part 10: Required Fee				····	
Total Fee Submitted: \$ 125.00					
Payment Method: Certified cheque Money Order	K	Solicitor's	genera	al or trust acco	ount cheque
The payment must be in Canadian funds, payable to the N	linister	of Financ	e.		
Do not send cash.					

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

Date Stamp - Appeal Received by Municipality

AX: (416) 326-5370	, 0,111,001	
www.elto.gov.on.ca		

APPEL	LANT	FORM	l (A1)
APPEL	PLAN	INING	ACT

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Rece	eipt Nur	nber (	OMB (	ffice Us	e Only)	

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1844-1854 Bloor Street West, 6-14 Oakmount Road and 35 and 37 Pacific Avenue, City of Toronto	
Address and/or Legal Description of property subject to the appeal:	V
Municipality/Upper tier: City of Toronto	

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First Name:	Last Name:	
W. J. Holdings Limited, Davhill Investments Limited a	and Car-Allan Investments Limited	
Company Name or Association Name (Association must be	e 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	agree to receive communications from the C	MB by e-mail.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:		
	Suite 101	Toronto
Mailing Address: 7 St. Dennis Drive Street Address	Apt/Suite/Unit#	City/Town
Ontario	•	M3C 1E4
Province	Country (if not Canada)	Postal Code
	•	Date:
(Signature not required if the	appeal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal B quote your OMB Reference Number(s) after they have	oard of any change of address or a been assigned.	telephone number in writing. Please
Personal information requested on this form is collected and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. O. may become available to the public.	under the provisions of the <i>Planning</i> 28 as amended. After an appeal is fil	Act, R.S.O. 1990, c. P. 13, as amended, ed, all information relating to this appeal
Part 4: Representative Information (if applicable	2)	
I hereby authorize the named company and/or in	idividual(s) to represent me:	
First Name: Robert		
Company Name:Aird & Berlis LLP		
Professional Title: Solicitor		
rdoumani@airdharlig.com		
	agree to receive communications from the C	OMB by e-mail.
Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
Fax #: 416.863.1515		
Dural Gald Place 191 Day Street	Suite 1800, Box 754	Toronto
Mailing Address: Brookheid Place, 181 Bay Street Street Address	Apt/Suite/Unit#	City/Town
Ontario		M5J 2T9
Province	Country (if not Canada)	Postal Gode
		Date: Day 6/11
Signature of Appellant:		<u> </u>
Please note: If you are representing the appellant and required by the Board's Rules of Practice and Procedur below.	are NOT a solicitor, please confirme, to act on behalf of the appellant.	n that you have written authorization, a Please confirm this by checking the bo
I certify that I have written authorization from the appending and I understand that I may be asked to produ	pellant to act as a representative with uce this authorization at any time.	respect to this appeal on his or her

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Part 8: Scheduling Information				
How many days do you estimate are needed for hearing this appeal?				3 days
4 days 1 week More than 1 week - please specify	/ numi	per of days: _	Unknown	
How many expert witnesses and other witnesses do you expect to have a One (1)	it the I	nearing provid	ling evidence/tes	stimony?
Describe expert witness(es)' area of expertise (For example: land use planer	nner,	architect, eng	ineer, etc.):	
Do you believe this matter would benefit from mediation?  (Mediation is generally scheduled only when all parties agree to participate)	YES		NO: K	
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	ix.	NO F	
If yes, why? To settle the issue raised in this appeal.				
Part 9: Other Applicable Information **Attach a separate page if mor	re spa	ce is require	·d.	
				67. 11
D-440. D-wind Fo			± - 2°	
Part 10: Required Fee				
Total Fee Submitted: \$ 125.00	· g			
Payment Method: Certified cheque Money Order	x	Solicitor's ge	neral or trust acc	count cheque
The payment must be in Canadian funds, payable to the Mir	nister	of Finance.		

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

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

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late Stamp - A	ppeal Received by	Municipality	

#### **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)
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	
1844-1854 Bloor Street West, 6-14 Oakmount Road and 35 and 37 Pacific Avenue, City of Toronto	
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, Davhill Investments Lin	nited and Car-Allan Investments Limited	
Company Name or Association Name (Association	must be incorporated – include copy of let	ter of incorporation)
Professional Title (if applicable):		
E-mail Address: perry@wjproperties.ca		
By providing an e-mail addre	ss you agree 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:(Signature not required		Date:
(Signature not required	d if the appeal is submitted by a law office.	<b>)</b> .
Please note: You must notify the Ontario Munic quote your OMB Reference Number(s) after they	ipal Board of any change of address or v have been assigned.	telephone number in writing. Please
Personal information requested on this form is colle and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, may become available to the public.	ected under the provisions of the <i>Planning</i> c. O. 28 as amended. After an appeal is fi	Act, R.S.O. 1990, c. P. 13, as amended, iled, all information relating to this appeal
Part 4: Representative Information (if appli	cable)	
I hereby authorize the named company and	l/or individual(s) to represent me:	
First Name: Robert	Last Name: Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
ndaymani@airdharlig.aam		
	ess you agree to receive communications from the	OMB by e-mail.
Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
	Alternate Telephone #.	
Fax #: 416.863.1515		
Mailing Address: Brookfield Place, 181 Bay Str		Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M5J 2T9
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
	5	/ / ·
Please note: If you are representing the appellar required by the Board's Rules of Practice and Probelow.	nt and are NOT a solicitor, please confirencedure, to act on behalf of the appellant.	m that you have written authorization, a Please confirm this by checking the bo
I certify that I have written authorization from t behalf and I understand that I may be asked to	he appellant to act as a representative with produce this authorization at any time.	n respect 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
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)
City of Toronto Zoning By-law No. 542-2011
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.
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a) DATE APPLICATION SUBMITTED TO MUNICIPALITY:
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How many days do you estimate are needed for hearing this appeal?					days T	3 days
4 days 1 week More than 1 week – please speci	fy num	ber of day	s: <u>Unk</u>	nown		
How many expert witnesses and other witnesses do you expect to have One (1)	at the	hearing pr	oviding	eviden	ce/testim	ony?
Describe expert witness(es)' area of expertise (For example: land use pleanner	lanner,	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	, <b>–</b>	NO	x		
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YE	s <u>k</u>	NO	Γ		
If yes, why? To settle the issue raised in this appeal.						
Part 9: Other Applicable Information **Attach a separate page if mo	ore spa	ace is req	uired.			
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Part 10: Required Fee						
Total Fee Submitted: \$ 125.00						
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Payment Method: Certified cheque Money Order	iv.	Solicitor's	genera	al or tru	st accour	nt cheque
The payment must be in Canadian funds, payable to the M	inister	of Financ	e.			
<ul> <li>Do not send cash.</li> </ul>						

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

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 Received by Municipality

APP	ELLAN	TV	FORM	I (A1)
	PL	AN	INING	ACT

#### SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OMB Office Use Only)

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	Appeal a decision	17(24) or 17(36)
	Failed to make a decision on the plan within 180 days	17(40)
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	Application for an amendment to the Official Plan – refused by the municipality	
	Appeal a decision	51(39)
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Part 2: Location Information		:	
1844-1854 Bloor Street West, 6-14 Oakmount Road and 35 and 37 Pacific Avenue, 0	City of Toronto		
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, Davhill Investments Limited and		
Company Name or Association Name (Association must be i	incorporated – include copy of lette	r of incorporation)
Professional Title (if applicable):		
E-mail Address:perry@wjproperties.ca		
By providing an e-mail address you agre	ee to receive communications from the Ol	MB by e-mall.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:		
	Suite 101	Toronto
Mailing Address: 7 St. Dennis Drive Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3C 1E4
Province	Country (if not Canada)	Postal Code
Signature of Appellant:(Signature not required if the ap		Date:
(Signature not required if the ap	ppeal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Boa		elephone number in writing. Please
quote your OMB Reference Number(s) after they have be	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. Aπer an appear is file	ed, all information relating to this appeal
Part 4: Representative Information (if applicable)		
I hereby authorize the named company and/or indi	vidual(s) to represent me:	
First Name: Robert		
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
مروم المراك المرك المراك المرا		
	ee to receive communications from the O	MB by e-mail.
Daytime Telephone #:416.865.3060	Alternate Telephone #:	
Fax #: 416.863.1515		
D 10 11 D 101 D 10	—— Suite 1800, Box 754	Toronto
Mailing Address: Brookfield Place, 181 Bay Street Street Address	Apt/Suite/Unit#	City/Town
Ontario		M5J 2T9
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date: Levy 60/11
Please note: If you are representing the appellant and an 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.	that you have written authorization, a Please confirm this by checking the bo
I certify that I have written authorization from the appell	ant to act as a representative with	respect to this appeal on his or her

Part 5: Language and Accessibility    The sea phases professed language:   The sea ph
Please choose preferred language: English French
We are committed to providing services as set out in the <i>Accessibility for Ontarians with Disabilities Act, 2005.</i> 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. 543-2011
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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How many days do you estimate are needed for hearing this appeal?  A days  How many days do you estimate are needed for hearing this appeal?  More than 1 week – please specify							3	days
How many expert witnesses and other witnesses do you expect to have a One (1)	it the	heari	ng pr	oviding	evid	ence/tes	stimony	·?
Describe expert witness(es)' area of expertise (For example: land use planer	nner,	archi	itect,	engine	er, et	o.):		
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	, I		NO	x			
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	S. 1	x	NO				
If yes, why? To settle the issue raised in this appeal.							<u>.</u>	
Part 9: Other Applicable Information **Attach a separate page if mor	re spa	ice is	req	uired.				
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		<u> </u>						
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					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Part 10: Required Fee								
Total Fee Submitted: \$ 125.00								
Payment Method: Certified cheque Money Order	Īx	Solid	citor's	s gener	al or t	rust acc	ount c	heque
The payment must be in Canadian funds, payable to the Min	nister	of Fi	nanc	e.				

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



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

Ontario	www.elto.gov.on.ca		
Date Stamp - /	Appeal Received by Municipality	<del>,</del>	

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

#### SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Re	ceipt l	Vumber (Ol	AB Office Use	Only)	
:			, <u>, , , , , , , , , , , , , , , , , , </u>		 

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Address and/or Legal Description of property subject to the appeal:	
Municipality/Upper tier: City of Toronto	

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First Name:	Last Name:	
W. J. Holdings Limited, Davhill Investments Limited and		
Company Name or Association Name (Association must be		er of incorporation)
Professional Title (if applicable):		
E-mail Address: perry@wjproperties.ca		
By providing an e-mail address you agr	ee to receive communications from the G	DMB 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 ap	ppeal 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		telephone 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.		
Part 4: Representative Information (if applicable)		
rait 4. Representative information (if applicable)		
I hereby authorize the named company and/or indi	vidual(s) to represent me:	
First Name: Robert	Last Name: Doumani	
Company Name:Aird & Berlis LLP		
Professional Title: Solicitor		
E-mail Address: rdoumani@airdberlis.com		
By providing an e-mail address you agr	ee 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:		Dale / an 6/11
Oignature of Appellant.		
Please note: If you are representing the appellant and ar required by the Board's Rules of Practice and Procedure, below.	e NOT a solicitor, please confirm	n that you have written authorization as
	to act on behalf of the appellant.	Please confirm this by checking the box

Places change and Accessibility  Places change preferred language: X English French
Please choose preferred language: English French
We are committed to providing services as set out in the <i>Accessibility for Ontarians with Disabilities Act</i> , 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. 544-2011
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.
SECTION 34(11) OF THE PLANNING ACT.  a) DATE APPLICATION SUBMITTED TO MUNICIPALITY:
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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:
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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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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)  Are there other appeals not yet filed with the Municipality?  Are there other planning matters related to this appeal?  (For example: A consent application connected to a variance application)

Part 8: Scheduling Information
How many days do you estimate are needed for hearing this appeal? half day 1 day 2 days 3 days  4 days 1 week More than 1 week – please specify number of days: Unknown
How many expert witnesses and other witnesses do you expect to have at the hearing providing evidence/testimony?  One (1)
Describe expert witness(es)' area of expertise (For example: land use planner, architect, engineer, etc.):  Planner
Do you believe this matter would benefit from mediation?  (Mediation is generally scheduled only when all parties agree to participate)
Do you believe this matter would benefit from a prehearing conference? YES NO (Prehearing conferences are generally not scheduled for variances or consents)
If yes, why? To settle the issue raised in this appeal.
Part 9: Other Applicable Information **Attach a separate page if more space is required.
Part 10: Required Fee
Total Fee Submitted: \$ 125.00
Payment Method: Certified cheque Money Order Solicitor's general or trust account cheque
The payment must be in Canadian funds, payable to the Minister of Finance.

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