### 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. 105913

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;

10 Grenoble 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 # 207]

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to the Minister of Finance in the amount of \$125.00 per appeal will follow once we determined whether City Council has repealed By-law 1156-2010.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

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# **Environment and Land Tribunals Ontario**

Date Stamp - Appeal Received by Municipality

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

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**APPELLANT FORM (A1)** 

**PLANNING ACT** 

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Part 2: Location Information	The state of the s		 24
Please see asterisked property on Schedule 1 attached	d		
Address and/or Legal Description of property subj	ject 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 lette	r of incorporation)							
Professional Title (if applicable):									
E-mail Address: perry@wjproperties.ca									
By providing an e-mail address you ag	ree to receive communications from the OI	WB by e-mail.							
416 420 5277									
Daytime Telephone #: 416-429-5277	Alternate Telephone #:								
Fax #:	<u> </u>								
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 a	ppeal is submitted by a law office.)	Date:							
Please note: You must notify the Ontario Municipal Bo quote your OMB Reference Number(s) after they have to		elephone number in writing. Please							
Personal information requested on this form is collected un and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. O. 28 may become available to the public.	Personal information requested on this form is collected under the provisions of the <i>Planning Act</i> , R.S.O. 1990, c. P. 13, as amended, and the <i>Ontario Municipal Board Act</i> , 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 ind	ividual(s) to represent me								
First Name: Robert	, ,								
	Last Name								
Company Name: Aird & Berlis LLP									
Professional Title: Solicitor									
E-mail Address: rdoumani@airdberlis.com									
	ree to receive communications from the Ol	WB 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 \$ 20 4							
		, ,							
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 confirm to act on behalf of the appellant.	that you have written authorization, as Please confirm this by checking the box							

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. 537-2011
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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Part 8: Scheduling Information	
How many days do you estimate are needed for hearing this appeal?	- 
year year	
4 days 1 week More than 1 week – please spe	cify number of days: <u>Unknown</u>
How many expert witnesses and other witnesses do you expect to hav One (1)	e at the hearing providing evidence/testimony?
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 NO K
Do you believe this matter would benefit from a prehearing conference (Prehearing conferences are generally not scheduled for variances or consent.	? YES NO T
If yes, why? To settle the issue raised in this appeal.	
Part 9: Other Applicable Information **Attach a separate page if n	nore 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 I	Minister of Finance.
<ul> <li>Do not send cash.</li> </ul>	

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



# **Environment and Land Tribunals Ontario**

**APPELLANT FORM (A1) PLANNING ACT** 

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 Mun	icipali <b>ty</b>	

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Please see asterisked property on Sched	ule 1 attached				
Address and/or Legal Description of p	roperty subject t	o the appeal:	***************************************		
Municipality/Upper tier: City of Toro	nto				

Part 3: Appella	nt Information		
First Name:		Last Name:	
W. J. Holdings I			
	r Association Name (Association must be	incorporated – include copy of lette	r of incorporation)
Professional Title	(if applicable):		
F-mail Address	perry@wjproperties.ca		
E-mail / tadiooo.	By providing an e-mail address you agr	ee to receive communications from the O	MB by e-mail.
Daytime Telephon	e#:416-429-5277	Alternate Telephone #:	
Mailing Address	7 St. Dennis Drive	Suite 101	Toronto
maining / date-co	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M3C 1E4
	Province	Country (if not Canada)	Postal Code
Signature of Appe	llant:	ppeal is submitted by a law office.)	Date:
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Please note: You quote your OMB	u must notify the Ontario Municipal Boa Reference Number(s) after they have b	rd of any change of address or t een assigned.	elephone number in writing. Please
may become avai	entative Information (if applicable)		
I hereby author	ize the named company and/or indi		
First Name: Rob	ert	Last Name:Doumani	
Company Name:	Aird & Berlis LLP		
Professional Title:	Solicitor		
E-mail Address: _	rdoumani@airdberlis.com		
E-mail / ladi cos	By providing an e-mail address you ag	ree to receive communications from the O	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
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A1 Revised April 2010 Page 3 of 5

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<b>-</b>		<b>,</b>	r		****
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	er of days	s; <u>Unkno</u>	own	
How many expert witnesses and other witnesses do you expect to have a One (1)	at the h	earing pro	oviding e	vidence/test	imony?
Describe expert witness(es)' area of expertise (For example: land use planner	anner, a				
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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	ce is real	iired.		
art 5. Other Applicable monacion was a special possible p					
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Part 10: Required Fee					
Total Fee Submitted: \$ 125.00					
Payment Method: Certified cheque Money Order	ĪX.	Solicitor's	s general	or trust acco	ount cheque
The payment must be in Canadian funds, payable to the Mi	nister	of Financ	:e.		
Do not send cash.					

Page 5 of 5

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A1 Revised April 2010

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**APPELLANT FORM (A1) PLANNING ACT** 

www.elto.gov.on.ca

Date Stamp - Ap	pe <b>al</b> Received	i by M	unicipality		

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

Receipt Number (OMB Office Use Only)	
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First Name:		Last Name:	
W. J. Holdings L			
Company Name or	Association Name (Association must be	incorporated - include copy of lett	er of incorporation)
Professional Title (i	f applicable):		
	perry@wiproperties.ca		
mail Address	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 #:	
=ax #:	and the second s		
	7 St. Dennis Drive	Suite 101	Toronto
rialing riadioco.	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M3C 1E4
	Province	Country (if not Canada)	Postal Code
Signature of Appel	lant:(Signature not required if the a	1: E 10 1 E 1 E	Date:
	(Signature not required if the a must notify the Ontario Municipal Boo		
may become avail	unicipal Board Act, R.S.O. 1990, c. O. 28 able to the public. entative Information (if applicable)	as amended. Alter all appear is in	led, an information relating to this appear
l hereby author	ize the named company and/or ind		
First Name: Rob		Last Name: Doumani	
Company Name:	Aird & Berlis LLP		
Professional Title:			
E-mail Address:	rdoumani@airdberlis.com		
<del></del>		ree to receive communications from the	OMB by e-mail.
Daytime Telephor	ne#:416.865.3060	Alternate Telephone #:	
Fax #: 416.863			
	Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
Mailing Address:	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M5J 2T9
	Province	Country (if not Canada)	Postal Code
Signature of Appe	ellant:		Date: ////////////////////////////////////
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Please note: If y required by the E below.	ou are represe <del>nting the appellant a</del> nd a loard's Rules of Practice and Procedure,	are NOT a solicitor, please confir to act on behalf of the appellant.	m that you have written authorization, Please confirm this by checking the b
Certify that	I have written authorization from the appe understand that I may be asked to produc	ellant to act as a representative wit	h respect to this appeal on his or her

A1 Revised April 2010 Page 3 of 5

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(Please print)
City of Toronto Zoning By-law No. 539-2011
<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)
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See cover letter.
<b>!</b>
i ,
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

Part 8: Scheduling Information					
How many days do you estimate are needed for hearing this appeal?	half day	, <b>r</b>	1 day	r 2 days	3 days
4 days 1 week — More than 1 week — please specify	/ numbei	of day	/s: <u>Unk</u>	nown	
How many expert witnesses and other witnesses do you expect to have a One (1)	t the hea	aring p	roviding	evidence/testi	mony?
Describe expert witness(es)' area of expertise (For example: land use planner	nner, ard	chitect,	engine	er, etc.):	
Do you believe this matter would benefit from mediation?  (Mediation is generally scheduled only when all parties agree to participate)	YES		NO	X:	
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	ĪX.	NO	<b>[</b>	
If yes, why? To settle the issue raised in this appeal.		/-			
Part 9: Other Applicable Information **Attach a separate page if mo	re space	is red	uired.		
			· · · · · · · · · · · · · · · · · · ·		
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Part 10: Required Fee					
Total Fee Submitted: \$ 125.00					
Payment Method: Certified cheque Money Order	x s	olicitor	's gener	al or trust acco	ount cheque
<ul> <li>The payment must be in Canadian funds, payable to the Mi</li> </ul>	nister of	Finar	ice.		

- 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
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 Received by Municipality

A	PPELLANT	FORM	(A1)
	PLAN	INING	ACT

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

Receipt Number	(OMB Office (	Jse Only)		

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
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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	
the state of the s	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

irst Name:		Last Name:	
W. J. Holdings	Limited		
ompany Name o	or Association Name (Association must be	incorporated - include copy of lett	er of incorporation)
rofessional Title	(if applicable):		
mail Addrage:	perry@wjproperties.ca		
-mail Address	By providing an e-mail address you ag	ree to receive communications from the	OMB by e-mail.
Daytime Telephor	ne #:416-429-5277	Alternate Telephone #:	
ax #:		<del></del> .	
Mailing Address:	7 St. Dennis Drive	Suite 101	Toronto
idiling / iddicoo.	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M3C 1E4
	Province	Country (if not Canada)	Postal Code
ignature of Appe	ellant:	ppeal is submitted by a law office.	Date:
ersonal informand the Ontario Inay become ava	tu must notify the Ontario Municipal Book B Reference Number(s) after they have be tion requested on this form is collected un Municipal Board Act, R.S.O. 1990, c. O. 28 ilable to the public.	der the provisions of the <i>Planning</i> B as amended. After an appeal is fi	Act, R.S.O. 1990, c. P. 13, as amende
Personal information of the Ontario In the Ontario	tion requested on this form is collected un Municipal Board Act, R.S.O. 1990, c. O. 28 ilable to the public.	der the provisions of the <i>Planning</i> B as amended. After an appeal is fi	Act, R.S.O. 1990, c. P. 13, as amende
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Part 5: Language and Accessibility
Please choose preferred language: T 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
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. 540-011
<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>
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Appeal # 207

Part 8: Scheduling Information				
How many days do you estimate are needed for hearing this appeal?	half da	ay r	1 day F 2 days F	3 days
4 days 1 week More than 1 week - please specify	numb	er of day	S: Unknown	
How many expert witnesses and other witnesses do you expect to have a One (1)	it the h	earing pro	oviding evidence/testim	ony?
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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	
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If yes, why? To settle the issue raised in this appeal.	AVA	<del>` 1</del>		·
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	***			
		MARY 1. ,		
		V		
Devide Demoired Foo				
Part 10: Required Fee  Total Fee Submitted: \$ 125.00				
	T.			
Payment Method: Certified cheque Money Order	X	Solicitor's	s general or trust accou	nt cheque
<ul> <li>The payment must be in Canadian funds, payable to the Mi</li> </ul>	nister	of Financ	ce.	

- 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



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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** 

www.elto.gov.on.ca

	SUBMIT	COMPL	ETED	FORM
TO MUNICIPA	LITY/APF	PROVAL	AUTH	IORITY

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

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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	ı
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: <u>perry@wjproperties.ca</u>		
By providing an e-mail address you ag	ree to receive communications from the C	DMB 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:(Signature not required if the a	2 1 10 1 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0	Date:
Part 4: Representative Information (if applicable) I hereby authorize the named company and/or ind		
	Last Name:Doumani	
	Last Ivallie,	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
E-mail Address: rdoumani@airdberlis.com	gree 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 City/Town
Street Address	Apt/Suite/Unit#	•
Ontario	Country (if not Canada)	M5J 2T9 Postal Code
Province	Country (it flot Canada)	Nhen G/11
Signature of Appellant:		Date:
	العالم المعالم المعالم المعالم المعالم المعال	l an all all company lighted completing which was all on
Please note: If you are representing the appellant and a required by the Board's Rules of Practice and Procedure below.	are NOT a solicitor, please confing to act on behalf of the appellant.	m man you nave written authorization  Please confirm this by checking the

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
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. 541-011
<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.
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Part 8: Scheduling Information					
· vanue		guan	ymme		
How many days do you estimate are needed for hearing this appeal?	half da	iy 1	day	2 days	3 days
T 4 days T 1 week — More than 1 week – please specify	numbe	er of days:	Unknown		
How many expert witnesses and other witnesses do you expect to have a One (1)	it the he	earing prov	riding evide	ence/testin	nony?
Describe expert witness(es)' area of expertise (For example: land use planner	nner, a	rchitect, er	ngineer, etc	s. <b>)</b> :	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	r	NO K		
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	Īx	NO T		
If yes, why? To settle the issue raised in this appeal.					
Part 9: Other Applicable Information **Attach a separate page if mo	re spac	e is requi	red.		
			<u></u>	· · · · · · · · · · · · · · · · · · ·	
		·			
				w·	
Part 10: Required Fee					
Total Fee Submitted: \$ 125.00					
Payment Method: Certified cheque Money Order	Īx	Solicitor's	general or	trust acco	unt cheque
<ul> <li>The payment must be in Canadian funds, payable to the Mi</li> </ul>	nister (	of Finance	<b>.</b>		

- 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** 

www.elto.gov.on.ca

#### 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)
Accounts to the second of the	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	
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Address and/or Legal Description of property se	ibject to the appeal:
Municipality/Upper tier: City of Toronto	

First Name:	Last Name:	
W. J. Holdings Limited		
Company Name or Association Name (Association	ion must be incorporated – include copy of let	ter of incorporation)
Professional Title (if applicable):		
E-mail Address: perry@wjproperties.ca	ddress you agree to receive communications from the	OHP hy o mall
By providing an e-mail a	ddress you agree to receive communications it out the	ONE by Guas.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
=ax #:	and the second s	
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:	uired if the appeal is submitted by a law office.	Date:
Part 4: Representative Information (if a line) hereby authorize the named company		
First Name:Robert	Last Name: Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
rdoumani@airdberlis.com	1	
	address you agree to receive communications from the	
F-1		OMB by e-mail.
Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
Daytime Telephone #: 416.865.3060  Fax #: 416.863.1515	y Street Suite 1800, Box 754	Toronto
Daytime Telephone #:416.865.3060  Fax #:416.863.1515  Mailing Address:Brookfield Place, 181 Bay  Street Address		Toronto City/Town
Daytime Telephone #: 416.865.3060  Fax #: 416.863.1515  Mailing Address: Brookfield Place, 181 Bay  Street Address  Ontario	y Street Suite 1800, Box 754 Apt/Suite/Unit#	Toronto City/Town M5J 2T9
Daytime Telephone #: 416.865.3060  Fax #: 416.863.1515  Mailing Address: Brookfield Place, 181 Bay  Street Address	y Street Suite 1800, Box 754	Toronto City/Town M5J 2T9 Postal Gale
Daytime Telephone #: 416.865.3060  Fax #: 416.863.1515  Mailing Address: Brookfield Place, 181 Bay  Street Address  Ontario	y Street Suite 1800, Box 754 Apt/Suite/Unit#	Toronto City/Town M5J 2T9
Daytime Telephone #: 416.865.3060  Fax #: 416.863.1515  Mailing Address: Brookfield Place, 181 Bay Street Address  Ontario Province	y Street Suite 1800, Box 754 Apt/Suite/Unit#  Country (if not Canada)	Toronto City/Town M5J 2T9 Postal 26 e Date

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Appeal # 207

Part 8: Scheduling Info	ormation				
······································	estimate are needed for heek More than	nearing this appeal?			2 days
How many expert witnes One (1)	sses and other witnesses	do you expect to have a	at the he	aring providing evide	nce/testimony?
Describe expert witness	(es)' area of expertise (Fo	or example: land use pla	anner, ar	chitect, engineer, etc	<b>)</b> :
Do you believe this matt	er would benefit from me eduled only when all parties	diation? agree to participate)	YES	r <sub>NO</sub> k	
Do you believe this matt (Prehearing conferences as	er would benefit from a p	rehearing conference? for variances or consents)	YES	R NO Γ	
If yes, why? To settle the	he issue raised in this appea	1.			
Part 9: Other Applicab	ole Information **Attach	a separate page if mo	re space	e is required.	
				and the second s	
		Andrew Control of the			
Part 10: Required Fee	2				
Total Fee Submitted:					
Payment Method:	Certified cheque	Money Order	īx s	Solicitor's general or t	ust account cheque
The payment	nt must be in Canadian fu	unds, <b>payable to the Mi</b>	nister o	f 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, Sulte 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

www.elto.gov.on.ca

ate Stamp - Appeal Re	eceived	by Mu	nicipality				
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Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3C 1E4
Province	Country (if not Canada)	Postal Code
Signature of Appellant:(Signature not required it	C. C	Date:
Personal information requested on this form is collected the Ontario Municipal Board Act, R.S.O. 1990, c. may become available to the public.	ted under the provisions of the <i>Planning</i> O. 28 as amended. After an appeal is f	Act, R.S.O. 1990, c. P. 13, as amer
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A1 Revised April 2010 Page 3 of 5

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(Please print)
See cover letter.
The following sections (a&b) APPLY <u>ONLY</u> 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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A1 Revised April 2010 Page 4 of 5

Part 8: Scheduling into	mauon						
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		hearing this appeal?					3 days
4 days 1 w	eek More that	n 1 week – please specify	y numb	er of days	; Unkno	wn	
How many expert witnes One (1)	ses and other witnesse	s do you expect to have a	at the h	earing pro	oviding ev	vidence/testim	ony?
Describe expert witness Planner	(es)' area of expertise (F	For example: land use pla	nner, a	architect, e	engin <del>ee</del> r,	etc.):	
Do you believe this matt (Mediation is generally sch	er would benefit from m eduled only when all partie	ediation? es agree to participate)	YES	<b></b>	NO	<b>X</b>	
Do you believe this matt	er would benefit from a re generally not scheduled	prehearing conference? for variances or consents)	YES	<b>x</b>	NO I	•	
If yes, why? To settle the	he issue raised in this appe	eal.					
Part 9: Other Applicat	ole Information ** Attac	h a separate page if mo	re spa	ce is reau	ıired.		
Part 9. Other Applicat	Ac information Attac	a separate page ir mo					
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		and the second s					
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Part 10: Required Fee	e						
Total Fee Submitted:	\$ 125.00						
Payment Method:	Certified cheque	Money Order	Ix			or trust accou	nt cheque
The payme	nt must be in Canadian	funds, payable to the Mi	inister	of Financ	:e.		
• Do not sen	nd cash						

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

Page 5 of 5



### **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 Received by Municipality

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

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

Receipt Number (OMB Office Use Only)
The state of the s

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Minor Variance	Appeal a decision	45(12)
and the state of t	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	
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	

First Name:		Last Name:	
W. J. Holdings Li			
Company Name or	Association Name (Association must be	incorporated - include copy of lett	er of incorporation)
Professional Title (i	f applicable):		
	nerry@wiproperties.ca		
E-mail Address.	By providing an e-mail address you ag	ree to receive communications from the C	OMB by e-mail.
	416-429-5277	Alternate Talanhana #	
Daytime Telephone	#:416-429-5277	Alternate Telephone #	The state of the s
Fax:#:		<del></del>	
Mailing Address: _	7 St. Dennis Drive	Suite 101	Toronto
ą	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M3C 1E4
1	Province	Country (if not Canada)	Postal Code
Signature of Appell	ant:(Signature not required if the a	10 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date:
quote your OMB I Personal information and the Ontario Mo may become availa		ider the provisions of the <i>Planning</i> 3 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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Personal informatic and the Ontario Me may become availate Part 4: Represe I hereby authorit First Name: Robe Company Name: Professional Title: E-mail Address: Daytime Telephon Fax #: 416.863	on requested on this form is collected ununicipal Board Act, R.S.O. 1990, c. O. 28 able to the public.  entative Information (if applicable)  ize the named company and/or incert  Aird & Berlis LLP  Solicitor  rdoumani@airdberlis.com  By providing an e-mail address you and the series.  416.865.3060	der the provisions of the <i>Planning</i> B as amended. After an appeal is fi  lividual(s) to represent me:  Last Name: Doumani  gree to receive communications from the	OMB by e-mail.
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Personal informatic and the Ontario Me may become availate Part 4: Represe I hereby authoris First Name: Robe Company Name: Professional Title: E-mail Address: Daytime Telephon Fax #: 416.863	on requested on this form is collected ununicipal Board Act, R.S.O. 1990, c. O. 26 able to the public.  entative Information (if applicable)  ize the named company and/or incert  Aird & Berlis LLP  Solicitor  rdoumani@airdberlis.com  By providing an e-mail address you and e-fine fill and fi	lividual(s) to represent me:  Last Name: Doumani  gree to receive communications from the Alternate Telephone #:  Suite 1800, Box 754  Apt/Suite/Unit#	OMB by e-mail.  Toronto City/Town M5J 2T9

Please choose preferred language: English French	
We are committed to providing services as set out in the <i>Accessibility for Or</i> any accessibility needs, please contact our Accessibility Coordinator as soon	tarians with Disabilities Act, 2005. If you have n as possible.
Part 6: Appeal Specific Information	
<ol> <li>Provide specific information about what you are appealing. For Number(s), Official Plan Number(s) or Subdivision Number(s):</li> </ol>	example: Municipal File Number(s), By-law
(Please print)	
City of Toronto Zoning By-law No. 544-011	
Outline the nature of your appeal and the reasons for your appeal. Be see       (for example: the specific provisions, sections and/or policies of the C your appeal - if applicable). **If more space is required, please continue	fficial Plan or By-law which are the subject of
(Please print)	
See cover letter.	
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Part 8: Scheduling Informatio	n					
How many days do you estimate	'annual'					3 days
4 days 1 week	More than 1	week - please specif	y number	of days: <u>Unk</u>	nown	
How many expert witnesses and One (1)	d other witnesses do	you expect to have a	at the hea	aring providing	evidence/testimo	ny?
Describe expert witness(es)' are Planner	ea of expertise (For	example: land use pla	anner, ard	chitect, engine	er, etc.):	<del></del>
Do you believe this matter would (Mediation is generally scheduled o	d benefit from medi only when all parties a	ation? gree to participate)	YES	r NO	X	
Do you believe this matter would (Prehearing conferences are general	d benefit from a pre ally not scheduled for	hearing conference? variances or consents)	YES	NO NO		
If yes, why? To settle the issue	raised in this appeal.			· · · · · · · · · · · · · · · · · · ·		
Part 9: Other Applicable Infor	rmation <sup>∞</sup> Attach a	separate page if mo	re space	is required.		
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		and the second s				
Part 10: Required Fee						
Total Fee Submitted: \$ 125	.00					
Payment Method:	ertified cheque	Money Order	x s	olicitor's gener	ral or trust accour	nt cheque
The payment must	be in Canadian fun	ds, <b>payable to the M</b> i	inister 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

#### **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

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