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. 105911

City Clerk Toronto City Hall 100 Queen Street West 10th 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;

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the Minister of Finance in the amount of \$125.00 per appeal will follow once we determined whether City Council has repealed By-law 1156-2010.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

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Environment and Land Tribunals Ontario Ontario Municipal Board

Olitalio Mulli	cipai bua	ł u
655 Bay Street, Sui	te 1500 Toror	nto, Ontario M5G 1E
TEL: (416) 212-63 FAX: (416) 326-53	19 or Toll Free	: 1-866-448-2248
www.elto.gov.on.ca		

APPEL	LANT	FORM	(A1)
		INING	

SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

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

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Part 2: Location Information				 	
Please see asterisked property on Schedule 1	attached				
Address and/or Legal Description of prope	erty subject to t	he appeal			
Municipality/Upper tier: City of Toronto	<u> </u>		 		

Part 3: Appella	nt Information		
First Name:		_ Last Name:	
W. J. Holdings I			
	r Association Name (Association must be i	ncorporated - include copy of letter	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 OME	3 by e-mail.
Daytime Telephon	e#: 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 Appe	llant:(Signature not required if the an	peal is submitted by a law office.)	Date:
	u must notify the Ontario Municipal Boal Reference Number(s) after they have be		ephone number in writing. Please
	The transfer of the control of the		
Personal informat and the <i>Ontario M</i> may become avai	ion requested on this form is collected und funicipal Board Act, R.S.O. 1990, c. O. 28 a lable to the public.	er the provisions of the <i>Planning Ac</i> as amended. After an appeal is filed	t, R.S.O. 1990, c. P. 13, as amended, , all information relating to this appeal
Part 4: Repres	entative Information (if applicable)		
I hereby author	rize the named company and/or indiv	vidual(s) to represent me	
First Name: Rob	• •		
· · · · · · · · · · · · · · · · · · ·			, a 4, 49
	Aird & Berlis LLP		
Professional Title			
E-mail Address: _	rdoumani@airdberlis.com	ee to receive communications from the OME	3 hv e-mail
	ne #: 416.865.3060	Alternate Telephone #:	
Fax #: 416.863	3.1515		
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 Date: May \$ 201
Signature of Appe	ellant:		Date: ///04/ 15/204
			•
Please note: If required by the E below.	ou are representing the appellant and are Board's Rules of Practice and Procedure, t	e NOT a solicitor, please confirm to o act on behalf of the appellant. Pl	hat you have written authorization, as lease confirm this by checking the box
	I have written authorization from the appella understand that I may be asked to produce		spect 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
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
 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?						3 days
4 days 1 week — More than 1 week — please specif	y numb	per of day	s: Unk	nown		<u>. </u>
How many expert witnesses and other witnesses do you expect to have a One (1)	at the h	nearing pr	oviding	evid	ence/testii	mony?
Describe expert witness(es)' area of expertise (For example: land use planner	anner, a	architect,	engine	er, et	c.):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	F	NO	x		
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Part 9: Other Applicable Information ** Attach a separate page if mo	re <u>spa</u>	ce <u>is re</u> a	uir <u>ed.</u>			
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Part 10: Required Fee						
Total Fee Submitted: \$ 125.00						
Payment Method: Certified cheque Money Order	x	Solicitor's	s genera	al or i	trust acco	unt cheque
The payment must be in Canadian funds, payable to the Mi	nister	of Financ	:e.			
Do not send cash.						

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

Page 5 of 5



Environment and Land Tribunals Ontario

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Date Stamp - Appeal Received by Municipality

Jntario Munici	pai board
55 Bay Street, Suite	1500 Toronto, Ontario M5G 1E
EL: (416) 212-6349	or Toll Free: 1-866-448-2248
AX: (416) 326-5370	
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	SUBMIT	COMPL	ETED	FORM
TO MUNICIPA	LITY/API	PROVAL	AUTH	IORITY

APPELLANT FORM (A1)
PLANNING ACT

Receip	ot Nun	nber (C	MB O	ffice	Use	Only)		

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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	incorporated - include copy of letter	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 OME	B by e-mail.
Daytime Telephone #:416-429-5277	Alternate Telephone #:	ned State Prince on the State State State State on the State
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	peal 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		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.		
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		
udaymani@airdharlia aam		
E-mail / address.	ee to receive communications from the OME	by e-mail.
Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
416 062 1515		
T-GA 11.		
Mailing Address: Brookfield Place, 181 Bay Street Street Address	Suite 1800, Box 754 Apt/Suite/Unit#	Toronto City/Town
	ApvSuite/Onli#	•
Ontario Province	Country (if not Canada)	M5J 2T9 Postal C ode /
	Country (if not Canada)	May 6/11
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.		
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A1 Revised April 2010 Page 3 of 5

Part 5: Language and Accessibility
Please choose preferred language: English French
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4 days 1 week More than 1 week - please specify	y numb	per of	days: <u>Unkn</u>	own	
How many expert witnesses and other witnesses do you expect to have a One (1)	at the h	nearing	g providing e	evidence/testir	nony?
Describe expert witness(es)' area of expertise (For example: land use planner	nner, a	archite	ect, engineel	r, etc.):	
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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.					<u> </u>
Part 9: Other Applicable Information ** Attach a separate page if more	re sna	ce is	required		
Tarto. Other Applicable information. Attach a separate page it mor	/va		regameur		
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Part 10: Required Fee					
Total Fee Submitted: \$ 125.00					
Payment Method: Certified cheque Money Order	ĪX.	Solici	tor's genera	or trust accou	int cheque
The payment must be in Canadian funds, payable to the Mir	nister	of Fin	ance.		
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.



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

APPELL	_^	INT	FORM	1 (A1)
	P	LAN	INING	ACT

SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Nu	mber (OMI	3 Office Use	Only)	

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Please see asterisked property on Sched	ule 1 attached			
Address and/or Legal Description of p		ppeal:	***************************************	
Municipality/Upper tier: City of Toro				

Part 3: Appella	nt Information		
First Name:		Last Name:	
W. J. Holdings I			
•	r Association Name (Association must be in	corporated – include copy of letter o	f 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 OMB	by e-mail.
Daytime Telephon	e#: 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 Appe	llant:(Signature not required if the app	and the submitted by a law affine 3	Date:
	u must notify the Ontario Municipal Board Reference Number(s) after they have bee		phone number in writing. Please
400.0700.000	(), (), (), (), (), (), (), (), (), (),		
	ion requested on this form is collected unde funicipal Board Act, R.S.O. 1990, c. O. 28 a lable to the public.		
Part 4: Repres	entative Information (if applicable)		
	t di	:	
	rize the named company and/or indiv	• • •	
First Name: Rob		_ Last Name:Doumani	
Company Name:	Aird & Berlis LLP		
Professional Title:	Solicitor	, particular and the second se	
E-mail Address:	rdoumani@airdberlis.com		
		e to receive communications from the OMB	by e-mail.
Daytime Telephor	ne #:416.865.3060	Alternate Telephone #:	
Fax #: 416.863	3.1515	_	
Mailing Address:	Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
Trialing / Aug 1000.	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M5J 2T9
	Province	Country (if not Canada)	Postal Code
Signature of Appe	ellant:		
Please note: If your required by the Book.	ou are represe nting the appellant a nd are Board's Rules of Practice and Procedure, to	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 have written authorization from the appella understand that I may be asked to produce t		spect to this appeal on his or her

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 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. 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.
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:
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
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Part 8: Scheduling information						
How many days do you estimate are needed for hearing this appeal?	half	lav L	1 day	Γ_{2}	days T	3 days
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4 days 1 week More than 1 week – please specify	/ numl	per of da	ays: Unk	nown		
How many expert witnesses and other witnesses do you expect to have a One (1)	nt the h	nearing	providing	evider	ce/testim	nony?
Describe expert witness(es)' area of expertise (For example: land use planner	inner, a	architec	t, engin e	er, etc.,):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES		NO	Īx .		
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	<u>x</u>	NO			
If yes, why? To settle the issue raised in this appeal.						
Part 9: Other Applicable Information **Attach a separate page if mor	re spa	ice is re	quired.			
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Part 10: Required Fee						
Total Fee Submitted: \$ 125.00						
Payment Method: Certified cheque Money Order	Īx	Solicito	r's gener	al or tr	ust accou	ınt cheque
The payment must be in Canadian funds, payable to the Mil	nister	of Fina	nce.			

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

Do not send cash.

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

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)
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

First Name:		Last Name:	
W. J. Holdings I			
	r Association Name (Association must be	e incorporated - include copy of lett	er of incorporation)
Professional Title	(if applicable):		
F-mail Address	perry@wjproperties.ca		
	By providing an e-mail address you a	gree to receive communications from the C	OMB by e-mail.
Davtime Telephor	e#: 416-429-5277	Alternate Telephone #:	
Mailing Address:	7 St. Dennis Drive	Suite 101	Toronto
naming (taurooon <u>-</u>	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M3C 1E4
	Province	Country (if not Canada)	Postal Code
Signature of Appe	llant:	appeal is submitted by a law office.)	Date:
nd the Ontario M	ion requested on this form is collected undersigned to the public.	nder the provisions of the <i>Planning</i> 8 as amended. After an appeal is fi	Act, R.S.O. 1990, c. P. 13, as amended led, all information relating to this appea
and the O <i>ntario M</i> may become avai Part 4: Repres	funicipal Board Act, R.S.O. 1990, c. O. 2 lable to the public. entative Information (if applicable)	8 as amended. After an appeal is fi	Act, R.S.O. 1990, c. P. 13, as amended led, all information relating to this appea
and the Ontario May become avai	funicipal Board Act, R.S.O. 1990, c. O. 2 lable to the public. entative Information (if applicable) rize the named company and/or inc	8 as amended. After an appeal is fi	Act, R.S.O. 1990, c. P. 13, as amended led, all information relating to this appea
and the Ontario May become available Part 4: Repres I hereby author First Name: Rob	funicipal Board Act, R.S.O. 1990, c. O. 2 lable to the public. entative Information (if applicable) rize the named company and/or incoment	8 as amended. After an appeal is fi	Act, R.S.O. 1990, c. P. 13, as amended led, all information relating to this appea
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Part 4: Repres I hereby author First Name: Rob Company Name: Professional Title E-mail Address: Daytime Telephor Fax #:416.863	dunicipal Board Act, R.S.O. 1990, c. O. 2 lable to the public. entative Information (if applicable) rize the named company and/or incorrect Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you and the #: 416.865.3060 3.1515 Brookfield Place, 181 Bay Street	8 as amended. After an appeal is file dividual(s) to represent me: Last Name: Doumani gree to receive communications from the communication from th	DMB by e-mail.
Part 4: Repres I hereby author First Name: Rob Company Name: Professional Title E-mail Address: Daytime Telephor Fax #:416.863	dunicipal Board Act, R.S.O. 1990, c. O. 2 lable to the public. entative Information (if applicable) rize the named company and/or incorrect Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you and address you are #: 416.865.3060 Brookfield Place, 181 Bay Street Street Address	as amended. After an appeal is fill dividual(s) to represent me: Last Name: Doumani gree to receive communications from the communications	OMB by e-mail. Toronto City/Town
Part 4: Repres I hereby author First Name: Rob Company Name: Professional Title E-mail Address: Daytime Telephor Fax #:416.863	entative Information (if applicable) rize the named company and/or incorrect Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you and and the serior of the ser	sas amended. After an appeal is fill dividual(s) to represent me: Last Name: Doumani gree to receive communications from the communication from the communication from the communication from the communication from t	DMB by e-mail. Toronto City/Town M5J 2T9
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and the Ontario May become available Part 4: Repressional First Name: Rob Company Name: Professional Title E-mail Address: Daytime Telephorax #: 416.863 Mailing Address: Signature of Appel	entative Information (if applicable) rize the named company and/or incorrect Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you and	dividual(s) to represent me: Last Name:Doumani Alternate Telephone #: Suite 1800, Box 754 Apt/Suite/Unit# Country (if not Canada)	Toronto City/Town M5J 2T9 Postal Code Date:

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

Part 5: 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
 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
 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?					lys 「	3 days
4 days 1 week More than 1 week – please specifi	y numb	er of day	s: Unki	nown		
How many expert witnesses and other witnesses do you expect to have a One (1)	at the h	earing p	oviding	evidence	/testime	ony?
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	f	NO	Īx .		
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	Ī x	NO	F		
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.			
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					e lance and the control of the contr	
Part 10: Required Fee						
Total Fee Submitted: \$ 125.00						
Payment Method: Certified cheque Money Order	X	Solicitor'	s genera	al or trust	accour	t cheque
The payment must be in Canadian funds, payable to the Min	nister (of Finan	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

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

Date Stamp - Appeal Received by N	lunicipality	

SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OMB Offi	ice Use Only)	
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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	
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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	he appeal:		
Municipality/Upper tier: City of Toronto			

		Laber Kilano	
		Last Name:	
W. J. Holdings	Limited ir Association Name (Association must be	incorporated – include conv of lett	er of incorporation)
	(if applicable):		
E-mail Address: _	perry@wjproperties.ca	ree to receive communications from the	OMB by e-mail.
			• • • •
Daytime Telephor	ne #: 416-429-5277	Alternate Telephone #:	
	7 St. Dennis Drive	Suite 101	Toronto
vialling Address.	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M3C 1E4
	Province	Country (if not Canada)	Postal Code
Signature of Appe	ellant: (Signature not required if the a		Date:
	(Signature not required if the a	ppeal is submitted by a law office.,).
Personal informat	Reference Number(s) after they have be to be to be the series of the ser	nder the provisions of the <i>Planning</i>	Act, R.S.O. 1990, c. P. 13, as amende
and the <i>Unitario</i> n	Municipal Board Act, R.S.O. 1990, c. O. 28	3 as amended. After an appeal is fi	led, all information relating to this appe
	<i>Municipal Board Act</i> , R.S.O. 1990, c. O. 28 ilable to the public.	3 as amended. After an appeal is fi	led, all information relating to this appe
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may become ava	Municipal Board Act, R.S.O. 1990, c. O. 28	3 as amended. After an appeal is fi	led, all information relating to this appe
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Part 4: Repres	Municipal Board Act, R.S.O. 1990, c. O. 28 ilable to the public. Sentative Information (if applicable) rize the named company and/or ind	3 as amended. After an appeal is fi	led, all information relating to this appe
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Part 4: Repres I hereby autho First Name: Rol Company Name: Professional Title E-mail Address:	Municipal Board Act, R.S.O. 1990, c. O. 28 ilable to the public. Sentative Information (if applicable) rize the named company and/or indicert Aird & Berlis LLP Solicitor rdoumani@airdberlis.com	3 as amended. After an appeal is fi	OMB by e-mail.
Part 4: Repres I hereby autho First Name: Rol Company Name: Professional Title E-mail Address:	Municipal Board Act, R.S.O. 1990, c. O. 28 ilable to the public. Sentative Information (if applicable) rize the named company and/or indepert Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you agone #: 416.865.3060	B as amended. After an appeal is fi	OMB by e-mail.
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Part 4: Repres I hereby autho First Name: Rol Company Name: Professional Title E-mail Address: Daytime Telepho	Municipal Board Act, R.S.O. 1990, c. O. 28 ilable to the public. Sentative Information (if applicable) rize the named company and/or indicert Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you as ne #: 416.865.3060 3.1515 Brookfield Place, 181 Bay Street	lividual(s) to represent me: Last Name: Doumani gree to receive communications from the Alternate Telephone #: Suite 1800, Box 754	OMB by e-mail. Toronto
Part 4: Repres I hereby autho First Name: Rol Company Name: Professional Title E-mail Address: Daytime Telepho	Municipal Board Act, R.S.O. 1990, c. O. 28 ilable to the public. Sentative Information (if applicable) rize the named company and/or indepert Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you ago and the series of the series	lividual(s) to represent me: Last Name: Doumani gree to receive communications from the Alternate Telephone #: Suite 1800, Box 754	OMB by e-mail. Toronto City/Town
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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
 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
 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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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 d	av 🗂	1 day	T 2 dave	T 3 days
					o dayo
4 days 1 week More than 1 week – please specif					
How many expert witnesses and other witnesses do you expect to have a One (1)	at the h	earing pr	oviding	evidence/te	stimony?
Describe expert witness(es)' area of expertise (For example: land use planner	anner, a	architect,	enginee		
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	F	NO	Ĭx	
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	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 mo	re spa	ce is req	uired.		
		· · · - · · · ·			·
		 			
				100 To 10	
Part 10: Required Fee					
Total Fee Submitted: \$ 125.00					
Payment Method: Certified cheque Money Order	Īx.	Solicitor [*]	s gener	al or trust ac	ccount cheque
The payment must be in Canadian funds, payable to the M	inister	of Finan	ce.		
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

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

SUBMIT COMPLETED FORM
TO MUNICIPALITY/APPROVAL AUTHORITY

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Receipt	Number (OMB Offic	e Use (Only)	 	
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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 Inforr	nation		.i	
Please see asterisked prop	perty on Schedule 1 attached			
Address and/or Legal De	escription of property subject to t	the appeal:	Marian Marian	
Municipality/Upper tier:_	City of Toronto			

		Last Name	
	::4	Last Marrie:	
W. J. Holdings I	imited r Association Name (Association must be	incorporated – include copy of lett	er of incorporation)
	(if applicable):		
E-mail Address: _	perry@wjproperties.ca	ree to receive communications from the	OMB by e-mail.
aytime Telephor	ne #:	Alternate Telephone #:	Angel per
	7 St. Dennis Drive	Suite 101	Toronto
railing Address.	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M3C 1E4
	Province	Country (if not Canada)	Postal Code
ignature of Appe	ellant:(Signature not required if the a		Date:
	(Signature not required if the a	ppeal is submitted by a law office.,	<i>)</i>
uote your OMB	u must notify the Ontario Municipal Bo Reference Number(s) after they have b	een assigned.	
hereby autho			
•	rize the named company and/or ind	lividual(s) to represent me:	
irst Name: <u>Ro</u> l		lividual(s) to represent me: Last Name:Doumani	
	pert		
Company Name:	oert Aird & Berlis LLP		
Company Name: Professional Title	Aird & Berlis LLP Solicitor rdoumani@airdberlis.com	Last Name:Doumani	
Company Name: Professional Title	Aird & Berlis LLP Solicitor rdoumani@airdberlis.com		OMB by e-mail.
Company Name: Professional Title E-mail Address:	Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you ag	Last Name:Doumani	OMB by e-mail.
Company Name: Professional Title E-mail Address: _ Daytime Telepho	Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you ago	Last Name:Doumani	OMB by ⇔mail.
Company Name: Professional Title E-mail Address: Daytime Telepho Fax #: 416.86	Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you age ne #: 416.865.3060 3.1515	Last Name:Doumani	OMB by e-mail. Toronto
Company Name: Professional Title E-mail Address: Daytime Telepho =ax #:416.86	Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you age ne #: 416.865.3060 3.1515	Last Name:Doumani gree to receive communications from theAlternate Telephone #:	
Company Name: Professional Title E-mail Address: Daytime Telepho =ax #:416.86	Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you age ne #: 416.865.3060 3.1515 Brookfield Place, 181 Bay Street	Last Name:Doumani gree to receive communications from theAlternate Telephone #: Suite 1800, Box 754 Apt/Suite/Unit#	Toronto City/Town M5J 2T9
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Company Name: Professional Title E-mail Address: _ Daytime Telepho Fax #:416.86	Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you ago and the second secon	Last Name:Doumani gree to receive communications from theAlternate Telephone #: Suite 1800, Box 754 Apt/Suite/Unit#	Toronto City/Town M5J 2T9 Postal Code
Professional Title E-mail Address: Daytime Telepho Fax #: 416.86 Mailing Address: Signature of App	Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you ago and the second secon	Last Name: Doumani gree to receive communications from the Alternate Telephone #: Suite 1800, Box 754 Apt/Suite/Unit# Country (if not Canada)	Toronto City/Town M5J 2T9 Postal Offe Date: Color of the

A1 Revised April 2010 Page 3 of 5

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A1 Revised April 2010 Page 4 of 5

Part 8: Scheduling Into	omation						
was a second		hearing this appeal?				2 days	3 days
4 days 1 w	eek More tha	n 1 week – please specify	y numbe	r of days	: Unknown		
How many expert witnes One (1)	sses and other witnesse	s do you expect to have a	at the he	aring pro	viding evide	nce/testim	ony?
Describe expert witness Planner	(es)' area of expertise (/	For example: land use pla	nner, ar	chitect, e	engineer, etc	.):	1.77
Do you believe this matt	ter would benefit from m	nediation? es agree to participate)	YES		NO X		
Do you believe this mat	ter would benefit from a	prehearing conference? for variances or consents)	YES	Ī x	NO T		
If yes, why? To settle t	he issue raised in this appe	eal.				····	<u>.</u>
Part 9: Other Applicat	ole Information **Attac	h a separate page if mo	re spac	e is requ	ired.		
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Part 10: Required Fee							
Total Fee Submitted:	\$ 125.00						
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 The payme 	nt must be in Canadian	funds, payable to the Mi	nister o	f Financ	e.		

- 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

www.elto.gov.on.ca

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

SUBMIT COMPLETED FORM

TO MUNICIPALITY/APPROVAL AUTHORITY

APPELLANT FORM (A1)

PLANNING ACT

Receipt Number (OMB	Office Use Only)	***************************************	
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SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
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	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 attach	ned	
Address and/or Legal Description of property su	bject to the appeal:	
Municipality/Upper tier: City of Toronto		

First Name		Last Name:	
W. J. Holdings I			
Company Name o	r Association Name (Association must b	e incorporated - include copy of lett	ter of incorporation)
	(if applicable):		
	• • • • • • • • • • • • • • • • • • • •		
E-mail Address:	perry@wjproperties.ca By providing an e-mail address you a	gree to receive communications from the	OMB by e-mail.
	A16 A20-5277	· · · · · · · · · · · · · · · · · · ·	
	e #:	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 Appe	llant:(Signature not required if the	annual is submitted by a law office	Date:
	a must notify the Ontario Municipal B		
and the O <i>ntario N</i>	ion requested on this form is collected u <i>Junicipal Board Act</i> , R.S.O. 1990, c. O. 2 Jable to the public.	nder the provisions of the <i>Planning</i> 8 as amended. After an appeal is fi	Act, R.S.O. 1990, c. P. 13, as amended iled, all information relating to this appear
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and the Ontario May become available Part 4: Repressional Title E-mail Address:	dunicipal Board Act, R.S.O. 1990, c. O. 2 lable to the public. entative Information (if applicable rize the named company and/or in left Aird & Berlis LLP Solicitor rdoumani@airdberlis.com By providing an e-mail address you are #: 416.865.3060 8.1515 Brookfield Place, 181 Bay Street Street Address Ontario	dividual(s) to represent me:Last Name:DoumaniAlternate Telephone #: Suite 1800, Box 754 Apt/Suite/Unit#	OMB by e-mail. Toronto City/Town M5J 2T9

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 <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. 543-011
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.
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a) DATE APPLICATION SUBMITTED TO MUNICIPALITY:
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Appeal # 207

Part 8: Scheduling Information		
		. г., г., г.,
How many days do you estimate are needed for hearing this appeal?	half d	ay 1 day 2 days 3 days
4 days 1 week More than 1 week – please specify	/ numb	per of days: <u>Unknown</u>
How many expert witnesses and other witnesses do you expect to have a One (1)	it the h	earing providing evidence/testimony?
Describe expert witness(es)' area of expertise (For example: land use pla	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	Γ _{NO} ⊼
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	NO T
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 required.
		A CONTRACTOR OF THE CONTRACTOR
	·····	
Part 10: Required Fee		
Total Fee Submitted: \$ 125.00		
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Payment Method: Certified cheque Money Order		Solicitor's general or trust account cheque
 The payment must be in Canadian funds, payable to the Mil 	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 Received by Municipality

APPEL	LANT	FORM	(A1)
	PLAN	VNING	ACT

SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OMB O	ffice Use	Only)		
				1	

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	
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 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	d of any change of address or tele en assigned.	phone number in writing. Please
Personal information requested on this form is collected unde 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	÷ •	
	Last Name.	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
E-mail Address: rdoumani@airdberlis.com		
Francisco de la companya de la comp	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 C		M5J 2T9
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date: MY 11
	a Kinggo - sa pagada e e se o a casego e e	
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 act on behalf of the appellant. Ple	ease confirm this by checking the box

Page 3 of 5

Part 5: Language and Accessibility
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A1 Revised April 2010 Page 4 of 5

Appeal # 207

Part 8: Scheduling information						
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4 days 1 week — More than 1 week — please specify	nùml	per of day	s: Unk	nown		
How many expert witnesses and other witnesses do you expect to have a One (1)	at the h	nearing pr	oviding	eviden	ce/testir	nony?
Describe expert witness(es)' area of expertise (For example: land use planer	nner,	architect,	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	ĪX.		
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	X	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.			
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Part 10: Required Fee						
Total Fee Submitted: \$ 125.00						
Payment Method: Certified cheque Money Order	X	Solicitor'	s gener	al or tru	st accou	unt cheque
 The payment must be in Canadian funds, payable to the Mi 	nister	of Finan	ce.			

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

Do not send cash.

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