Barristers and Solicitors

Aird & Berlis LLP

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

May 6, 2011

BY EMAIL

Our File No. 105910

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;

#### 22 Oakmount Road

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.

May 6, 2011 Page 2

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the Minister of Finance in the amount of \$125.00 per appeal will follow once we determined whether City Council has repealed By-law 1156-2010.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

9269724.1



Barristers and Solicitors



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

#### APPELLANT FORM (A1) PLANNING ACT

## SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OMB Office Use Only)

Date Stamp - Appeal Received by Municipality

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

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	Appeal a decision	53(19)
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	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:

Part 3: Appellant Information

First Name:		Last Name:		
W. J. Holdings	Limited			
Company Name o	or Association Name (Association m	nust be incorporated - include copy of let	ter of incorporation)	
Professional Title	(if applicable):			
E-mail Address	perry@wjproperties.ca			
	By providing an e-mail address	s you agree to receive communications from the	OMB by e-mail.	
Daytime Telepho	ne #:	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 App	ellant:		Date:	
aläheren al vibb.	(Signature not required	if the appeal is submitted by a law office.	)	

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

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

First Name: Robe	rt	Last Name:	Doumani		
Company Name: _	Aird & Berlis LLP	<u></u>			,,,,,,,,,
Professional Title:	Solicitor				
E-mail Address:	rdoumani@airdberlis.com By providing an e-mail address you agr	ee to receive commu	nications from the OMB b	y e-mail.	
Daytime Telephone	#:		ephone #:		
Fax #:416.863.					
Mailing Address:	Brookfield Place, 181 Bay Street	Suite 1800, E	Box 754	Toronto	
	Street Address	Apt/Suite/Unit	#	City/Town	
	Ontario			M5J 2T9	
ĵ	Province	Country (if no	t Canada)	Postal Code	ROAK
Signature of Appel	lant:	· · · · · · · · · · · · · · · · · · ·		_Date:	200
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Please note: If you are representing the appellant and are NOT a solicitor, please confirm that you have written authorization, as required by the Board's Rules of Practice and Procedure, to act on behalf of the appellant. Please confirm this by checking the box below.

#### Part 5: Language and Accessibility

Please choose preferred language: <sup>1x</sup> English <sup>1</sup> French

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#### (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.

# 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: \*\*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)

If yes, please provide OMB Reference Number(s) and/or Municipal File Number(s) in the box below:

(Please print)	1
City of Toronto By-law 1156-2010	
OMB PL 101111	
Appeal # 207	

YES

YES

X

NO

NO

Part 8: Scheduling Info	rmation						
				r		r r	
How many days do you e	stimate are needed for	hearing this appeal?	half day	/	1 day	' 2 days '	3 days
F 4 days F 1 we	eek More than	1 week – please specil	fy numbe	r of days	s: <u>Unkr</u>	nown	<u> </u>
How many expert witness One (1)	ses and other witnesses	do you expect to have	at the he	aring pro	oviding	evidence/testim	iony?
Describe expert witness(	es)' area of expertise (F	or example: land use pl	anner, ar	chitect, e	enginee	r, etc.):	
Do you believe this matter (Mediation is generally sche	er would benefit from me	ediation? s agree to participate)	YES	Г	NO	x	
Do you believe this matter (Prehearing conferences are	er would benefit from a p	prehearing conference?	YES	<b>I</b> x	NO	<b>F</b>	
If yes, why? To settle the							
Part 9: Other Applicabl	le Information **Attach	i a separate page if mo	ore space	e is requ	iired.		
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Part 10: Required Fee							
Total Fee Submitted:	<b>\$</b> _125.00						
Payment Method:	Certified cheque		r s	olicitor's	genera	al or trust accou	nt 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.



Date Stamp - Appeal Received by Municipality

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 APPELLANT FORM (A1) PLANNING ACT

## SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OMB Office Use Only)

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

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
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#### Part 2: Location Information

Please see asterisked property on Schedule 1 attached

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

Part	3.	An	nell	ant	Inf	orma	tion
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First Name:		Last Name:	· · · · · · · · · · · · · · · · · · ·
W. J. Holdings			
Company Name o	r Association Name (Association m	ust be incorporated - include copy of let	ter 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	OMB by e-mail.
Daytime Telephor	ne #: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 Appe	ellant:		Date:
<b>U</b>	(Signature not required i	if the appeal is submitted by a law office.	)
	u must notify the Ontario Municip Reference Number(s) after they i		telephone number in writing. Please

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

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

First Name: Robe	ert	Last Name:	Doumani		
Company Name: _	Aird & Berlis LLP				
Professional Title:	Solicitor				<u>,</u>
E-mail Address:	rdoumani@airdberlis.com				
	By providing an e-mail address you agr	ee to receive commu	inications from the OMB	by e-mail.	
Daytime Telephon	e#:416.865.3060	Alternate Tele	ephone #:		
Fax #:416.863	.1515				
Mailing Address:	Brookfield Place, 181 Bay Street	Suite 1800, I	Box 754	Toronto	
	Street Address	Apt/Suite/Unit	#	City/Town	
	Ontario			M5J 2T9	
	Province	Country (if no	t Canada)	Postal Code	
Signature of Appe	Ilant:			Date:	
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#### Part 5: Language and Accessibility

Please choose preferred language: IX English

French

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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)

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See cover letter.

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Are there other platining matters related to this appear?	YES	Γx
(For example: A consent application connected to a variance application)		

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(Please print)	
City of Toronto By-law 1156-2010	
OMB PL 101111	
Appeal # 207	

r

NO K

NO

Part 8: Scheduling Information						
How many days do you estimate are needed for hearing this appeal?					lidays Γ	3 days
How many expert witnesses and other witnesses do you expect to have a <u>One (1)</u> Describe expert witness(es)' area of expertise <i>(For example: land use pla</i> Planner	u. 4.	<u> </u>	···,			nony?
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	Г	NO	Ix.		· ·
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	Tx	NO	Γ		

## Part 9: Other Applicable Information \*\* Attach a separate page if more space is required.

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· · · · · · · · · · · · · · · · · · ·	

Part 10: Required Fee

- The payment must be in Canadian funds, payable to the Minister of Finance.
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W. J. Holdings Limited			
Company Name or Association Name (Associa	ation 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	address you agree to receive communications from the	OMB by e-mail.	
Daytime Telephone #:416-429-5277	Alternate Telephone #:		
Fax #:		Toronto	
Daytime Telephone #:416-429-5277 Fax #: Mailing Address:7 <u>St. Dennis Drive</u> Street Address			
Fax #: Mailing Address:7 St. Dennis Drive	Suite 101	Toronto	
Fax #: Mailing Address:7 St. Dennis Drive Street Address	Suite 101	Toronto City/Town	

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First Name:Rob	ert	Last Name:	Doumani	
Company Name:	Aird & Berlis LLP			
Professional Title:				
	rdoumani@airdberlis.com By providing an e-mail address you agree	to receive commu	nications from the OMB b	y e-mail.
Daytime Telephon	ne #:416.865.3060	_Alternate Tele	phone #:	
Fax #:416.863				
Mailing Address:	Brookfield Place, 181 Bay Street	Suite 1800, E	Box 754	Toronto
Maning / Garoco.	Street Address	Apt/Suite/Unit	#	City/Town
	Ontario			M5J 2T9
Cignature of Appe	Province	Country (if not	t Canada)	Postal Code Date: May6/11
Signature of Appe				

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IX Enalish Please choose preferred language:

French

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(Please print)	
City of Toronto By-law 1156-2010	
OMB PL 101111	
Appeal # 207	

x

NÓ

NÔ

X

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 day	/s: <u>Unknown</u>		
How many expert witnesses and other witnesses do you expect to have a One (1)	at the h	earing p	roviding evide	ence/testim	ony?
Describe expert witness(es)' area of expertise (For example: land use planner	anner, a	architect,	engineer, etc	<b>c.):</b>	,
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	Г	NO		
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	Īx	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 rec	uired.		
	<u> </u>				
			nner a nee d'a a		
Part 10: Required Fee					
Total Fee Submitted: \$ 125.00					
Payment Method:	Īx	Solicitor	s general or t	rust accour	nt cheque

- The payment must be in Canadian funds, payable to the Minister of Finance.
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Part 8: Scheduling Information

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



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First Name:		Last Name:		·····
W. J. Holdings				
Company Name o	or Association Name (Association	must be incorporated - include copy of let	er of incorporation)	
Professional Title	(if applicable):			
E-mail Address:	perry@wjproperties.ca			
	By providing an e-mail addr	ess you agree to receive communications from the	OMB by e-mail.	
Daytime Telephor	ne #: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	ellant:		Date:	
	(Signature not require	ed if the appeal is submitted by a law office.	):	

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First Name: _ Rob	ert	Last Name:	Doumani		
Company Name:	Aird & Berlis LLP			an the second	,
Professional Title:					
E-mail Address:		ree to receive comm	inications from the O	WB. hv e-mail	
	By providing an e-mail address you ag	iee to receive comme		in an	
Daytime Telephor	ne #:	Alternate Tele	ephone #:		
Fax #:416.863	.1515				
Mailing Address:	Brookfield Place, 181 Bay Street	Suite 1800, I	Box 754	Toronto	·
indiand a second	Street Address	Apt/Suite/Uni	#	City/Town	
	Ontario			M5J 2T9	
	Province	Country (if no	t Canada)	Postal Code	
Signature of Appe	ellant:			Date: 1/0/11	
	$\langle \rangle$		a sa	1//	

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

#### 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. 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.

#### 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)

If yes, please provide OMB Reference Number(s) and/or Municipal File Number(s) in the box below:

(Please print)	
City of Toronto By-law 1156-2010	
OMB PL 101111	
Appeal # 207	

Г

X

YES

YES

NO

## Part 8: Scheduling Information

How many days do you estimate are needed for hearing this appeal?					ays r	3 days
How many expert witnesses and other witnesses do you expect to have a One (1)	t the hea	aring p	roviding	evidence	e/testim	ony?
Describe expert witness(es)' area of expertise (For example: land use pla Planner	nner, ar	chitect,	enginee	er, etc.):		;
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	Γ	NO	<b>x</b>		
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	<b>Ix</b>	NO	Г		
If yes, why? To settle the issue raised in this appeal.	, , , , , , , , , , , , , , , , ,					
Part 9: Other Applicable Information ** Attach a separate page if mor	e space	e is req	uired.			
		-				
			····			
				<u></u>	<u>. ,</u>	<u></u>

## Part 10: Required Fee

Total Fee Submitted:	<b>\$</b> _125.00				
Payment Method:	Certified cheque	Money Order	x	Solicitor's general or trust account cheque	
<ul> <li>The payment must be in Canadian funds, payable to the Minister of Finance.</li> </ul>					

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



Date Stamp - Appeal Received by Municipality

Environment and Land Tribunals Ontario Ontario Municipal Board 655 Bay Street, Suite 1500 Toronto, Ontario MSG 1E5 TEL: (416) 212-6349 or Toll Free: 1-866-448-2248 FAX: (416) 326-5370 www.elto.gov.on.ca

#### APPELLANT FORM (A1) PLANNING ACT

## SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OMB Office Use Only)

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

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Minor Variance	Appeal a decision	<b>45(</b> 12)
	Appeal a decision	53(19)
Consent/Severance	Appeal conditions imposed	
	T Appeal changed conditions	53(27)
	Failed to make a decision on the application within 90 days	53(14)
un an	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)
	F 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	C 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:

Part 3: Appellant Information

First Name:		Last Name:	<u></u>	
W. J. Holdings	Limited			
Company Name	or Association Name (Association m	ust be incorporated – include copy of let	er of incorporation)	
Professional Title	(if applicable):			
E-mail Address	perry@wjproperties.ca			
E-mail Address By providing an e-mail address you agree to receive communications from the OMB by e-mail.				
Daytime Telepho	ne #:	Alternate Telephone #:		
Fax #:				
Mailing Address	7 St. Dennis Drive	Suite 101	Toronto	
Maning / Jacobe.	Street Address	Apt/Suite/Unit#	City/Town	
	Ontario		M3C 1E4	
	Province	Country (if not Canada)	Postal Code	
Signature of App	ellant:		Date:	
	(Signature not required i	f the appeal is submitted by a law office .	):	

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

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

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

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

First Name: Robert		Last Name:	Doumani		
Company Name:	Aird & Berlis LLP	<u></u>			
Professional Title:			<u> </u>	ي من	
	rdoumani@airdberlis.com				
	By providing an e-mail address you ag	ree to receive commu	inications from the C	<b>DME by e-mail.</b>	
Daytime Telephor	ne #:416.865.3060	Alternate Tele	ephone #:		
Fax #:416.863					
Mailing Address:	D 1 C. 11 Disco 191 Day Streat	Suite 1800, I	Box 754	Toronto	
	Street Address	Apt/Suite/Unit	<b>#</b>	City/Town	
	Ontario			M5J 2T9	
	Province	Country (if no	t Canada)	Postal Code	
Signature of Appe	ellant:	·		Date: 11	
- Q				// '	

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

#### Part 5: Language and Accessibility

Please choose preferred language: 🔽 English 🔽 French

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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

 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:
   \*\*If more space is required, please continue in Part 9 or attach a separate page.

Part 7:	Related	Matters	(if known

Are there other appe	ale not vet filed	with the M	Junicipality?
Ale mere omer appe	als not yet nied	MULTIC:	ardi norbanità a

Are there other planning matters related to this appeal?	YES
(For example: A consent application connected to a variance application)	

If yes, please provide OMB Reference Number(s) and/or Municipal File Number(s) in the box below:

(Please print)		
City of Toronto By-law 1156-2010		
OMB PL 101111		
Appeal # 207		

NO

NO

YES

X

### Part 8: Scheduling Information

How many days do you estimate are needed for hearing this appeal?	half day	Γ 1	day F	2 days	3 days
L 4 days L 1 week L More than 1 week – please specify	/ number	of days	Unknov	vn	·
How many expert witnesses and other witnesses do you expect to have a One (1)	at the hear	ring pro	viding evi	idence/testir	nony?
Describe expert witness(es)' area of expertise (For example: land use planner	nner, arcl	hitect, e	ngineer,	etc.):	<u> </u>
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	Г	NO <sup>Ix</sup>	<b>**</b>	
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	x	NO <b>F</b>	<b>*</b> .	
If yes, why? To settle the issue raised in this appeal.					<u> </u>

## Part 9: Other Applicable Information \*\* Attach a separate page if more space is required.

·

### Part 10: Required Fee

Total Fee Submitted:	<b>\$</b> _125.00			
Payment Method:	Certified cheque	Money Order	x	Solicitor's general or trust account cheque
	nt must be in Canadian fund	ds_ <b>payable to the Min</b> i	ster	of Finance.

- 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.



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#### APPELLANT FORM (A1) PLANNING ACT

## SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OMB Office Use Only)

Date Stamp - Appeal Received by Munici**pality** 

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

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Minor Variance	Appeal a decision	45(12)
	Appeal a decision	53(19)
Consent/Severance	C Appeal conditions imposed	00(10)
	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:

First Name:	Last Name:	
W. J. Holdings Limited		
Company Name or Association Name (Associ	ation must be incorporated - include copy of let	ter of incorporation)
Professional Title (if applicable):		
E-mail Address:perry@wjproperties.ca	address you agree to receive communications from the	OMR hy email
By providing an e-main	address you agree to receive communications not the	
Daytime Telephone #:	Alternate Telephone #:	
Daytime Telephone #:		
Fax #:		Toronto
Fax #: Mailing Address:7 St. Dennis Drive	Suite 101	Toronto
Fax #: Mailing Address:7 St. Dennis Drive Street Address	Suite 101	Toronto City/Town

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

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

A lufa manhi

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

First Name: _Rob	ert	_Last Name:	Doumani	
Company Name:	Aird & Berlis LLP			
Professional Title:				
	rdoumani@airdberlis.com	····		
	By providing an e-mail address you agree	e to receive commu	nications from the OMB b	y e-mail.
Daytime Telephon	ne #:416.865.3060	_Alternate Tele	ephone #:	······
Fax #:416.863		_		
Mailing Address:	Brookfield Place, 181 Bay Street	Suite 1800, E	Box 754	Toronto
mannig , ascess.	Street Address	Apt/Suite/Unit	#	City/Town
	Ontario			M5J 2T9
	Province	Country (if no	t Canada)	Postal Code
Signature of Appe	ellant:			_ Date
	$\langle \rangle$			

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

Part 5: Language and Accessibility	ļ
------------------------------------	---

X Please choose preferred language:

French

Γ

English

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#### 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. 542-011

2. Outline the nature of your appeal and the reasons for your appeal. Be specific and provide land-use planning reasons (for example: the specific provisions, sections and/or policies of the Official Plan or By-law which are the subject of your appeal - if applicable). \*\*If more space is required, please continue in Part 9 or attach a separate page.

(Please print)

See cover letter.

## THE FOLLOWING SECTIONS (a&b) APPLY ONLY TO APPEALS OF ZONING BY-LAW AMENDMENTS UNDER SECTION 34(11) OF THE PLANNING ACT.

#### a) DATE APPLICATION SUBMITTED TO MUNICIPALITY:

(If application submitted before January 1, 2007 please use the O1 'pre-Bill 51' form.)

b) Provide a brief explanatory note regarding the proposal, which includes the existing zoning category, desired zoning category, the purpose of the desired zoning by-law change, and a description of the lands under appeal: \*\*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?	YES
Are there other planning matters related to this appeal? (For example: A consent application connected to a variance application)	YES

If yes, please provide OMB Reference Number(s) and/or Municipal File Number(s) in the box below:

(Please print)	
City of Toronto By-law 1156-2010	
OMB PL 101111	
Appeal # 207	

x

NØ

NO

Γ.

X

#### Part 8: Scheduling Information

How many days do you estimate are needed for hearing this appeal?			day Unkn	•
How many expert witnesses and other witnesses do you expect to have at One (1)	the heal	ring prov	iding e	evidence/testimony?
Describe expert witness(es)' area of expertise (For example: land use plan Planner	nner, arcl	hitect, er	ginee	r, etc.):
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	Г	NO	x
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	<b>x</b>	NO	Г

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:	Г	Certified cheque	Г	Money Order	<b>I</b> x	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.



Data Stamp - Appeal Received by Municipality

#### APPELLANT FORM (A1) PLANNING ACT

## SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OMB Office Use Only)

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

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
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#### Part 2: Location Information

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

Part 3: Appellant Information

First Name:		Last Name:		
W. J. Holdings	Limited			
Company Name	or Association Name (Association n	nust be incorporated - include copy of let	er of incorporation)	
Professional Title	(if applicable):			
E-mail Address:	perry@wjproperties.ca			
	By providing an e-mail addres	s you agree to receive communications from the	OMB by e-mail.	
Daytime Telepho	ne #:416-429-5277	Alternate Telephone #:		
Fax #:				
Mailing Address:	7 St. Dennis Drive	Suite 101	Toronto	
mannig Address.	Street Address	Apt/Suite/Unit#	City/Town	
	Ontario		M3C 1E4	
	Province	Country (if not Canada)	Postal Code	
Signature of App	ellant:		Date:	
C.S. drain or ribb.	(Signature not required	if the appeal is submitted by a law office.	)	

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

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

First Name: Rob	ert	Last Name:	Doumani		
Company Name:	Aird & Berlis LLP		N		
Professional Title:	Solicitor				
	rdoumani@airdberlis.com				<del></del>
	By providing an e-mail address you ag	ree to receive comm	unications from the OM	B by e-mail.	
Daytime Telephor	ne #:416.865.3060	Alternate Tel	ephone #:		
Fax #:416.863		. <u> </u>			
Mailing Address:	Brookfield Place, 181 Bay Street	Suite 1800,	Box 754	Toronto	
mannig rhanneer.	Street Address	Apt/Suite/Uni	<del>t#</del>	City/Town	
	Ontario			M5J 2T9	
	Province	Country (if no	ot Canada)	Postal Code	
Signature of Appe	ellant:			Date/0////	

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Please choose preferred language: English French

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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

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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 *PLANNING ACT*.

#### a) DATE APPLICATION SUBMITTED TO MUNICIPALITY: \_

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Are there other planning matters related to this appeal? YES (For example: A consent application connected to a variance application)

If yes, please provide OMB Reference Number(s) and/or Municipal File Number(s) in the box below:

(Please print)	
City of Toronto By-law 1156-2010	
OMB PL 101111	
Appeal # 207	

Г

X

YES

NO

NO

### Part 8: Scheduling Information

How many days do you estimate are needed for hearing this appeal?				
How many expert witnesses and other witnesses do you expect to have a One (1)	at the hea	aring pro	oviding	evidence/testimony?
Describe expert witness(es)' area of expertise (For example: land use planner	anner, arc	chitect, (	enginee	r, etc.):
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	Г	NO	ix.
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	Γ <u>x</u>	NO	<b>F</b>

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:	<b>\$</b> _125.00			
Payment Method:	Certified cheque	Money Order	Īx	Solicitor's general or trust account cheque
	unt und unt han die Orania all aim from	do Reveblo to the Min	letor	of Einanco

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- 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

FAX: (416) 326-537 www.elfo.gov.on.ca

Date Stamp - Appeal Received by Municipality

#### APPELLANT FORM (A1) PLANNING ACT

## SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OMB Office Use Only)

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

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	Application for an amendment to the Official Plan – refused by the municipality	
an fei a anna an an suiseann an Anna ann an Anna an Anna Anna An	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:

Part 3: Appellant Information	Part 3: A	ppellant	Informa	tion
-------------------------------	-----------	----------	---------	------

First Name:		Last Name:			
W. J. Holdings	Limited				
Company Name o	or Association Name (Association n	nust be incorporated – include copy of let	ter of incorporation)		
Professional Title	(if applicable):				
E-mail Address	perry@wjproperties.ca				
E-mail Address By providing an e-mail address you agree to receive communications from the OMB by e-mail.					
Daytime Telepho	ne #:	Alternate Telephone #:			
Fax #:					
Mailing Address	7 St. Dennis Drive	Suite 101	Toronto		
maning / auropor	Street Address	Apt/Suite/Unit#	City/Town		
	Ontario		M3C 1E4		
	Province	Country (if not Canada)	Postal Code		
Signature of App	ellant:		Date:		
- <b>G</b>	(Signature not required	if the appeal is submitted by a law office.	)		

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

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

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

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

First Name:Robe	ert	_ Last Name:	Doumani	
Company Name: _	Aird & Berlis LLP	a		
Professional Title:	Solicitor			
E-mail Address:	rdoumani@airdberlis.com			ar a mail
	By providing an e-mail address you agre	e to receive commu	inications from the Owns i	Callan.
Daytime Telephon	e #:	Alternate Tele	phone #:	<u></u>
Fax #:416.863	.1515			
Mailing Address: _	Brookfield Place, 181 Bay Street	Suite 1800, H	Box 754	Toronto
	Street Address	Apt/Suite/Unit	#	City/Town
	Ontario			M5J 2T9
	Province	Country (if no	t Canada)	Postal Code
Signature of Appe	llant:			_ Date: 144911
-, ··	$\bigcirc$			

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

#### 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. 544-011

2. Outline the nature of your appeal and the reasons for your appeal. Be specific and provide land-use planning reasons (for example: the specific provisions, sections and/or policies of the Official Plan or By-law which are the subject of your appeal - if applicable). \*\*If more space is required, please continue in Part 9 or attach a separate page.

(Please print)

See cover letter.

# THE FOLLOWING SECTIONS (a&b) APPLY ONLY TO APPEALS OF ZONING BY-LAW AMENDMENTS UNDER SECTION 34(11) OF THE PLANNING ACT.

#### a) DATE APPLICATION SUBMITTED TO MUNICIPALITY: \_

(If application submitted before January 1, 2007 please use the O1 'pre-Bill 51' form.)

b) Provide a brief explanatory note regarding the proposal, which includes the existing zoning category, desired zoning category, the purpose of the desired zoning by-law change, and a description of the lands under appeal: \*\*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? YES (For example: A consent application connected to a variance application)

If yes, please provide OMB Reference Number(s) and/or Municipal File Number(s) in the box below:

(Please print)	
City of Toronto By-law 1156-2010	
OMB PL 101111	
Appeal # 207	

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Γx

YES

NO

NÖ

Part 8: Scheduling Information				
How many days do you estimate are needed for hearing this appeal?	y number of days: <u>Unknown</u>			
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)	YES 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 more space is required.

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#### Part 10: Required Fee

Total Fee Submitted:	<b>\$</b> _125.00			
Payment Method:	Certified cheque	Money Order	x	Solicitor's general or trust account cheque
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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.

## **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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