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. 77894

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;

140 Carlton Street

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to the Minister of Finance in the amount of \$125.00 per appeal will follow once we determined whether City Council has repealed By-law 1156-2010.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
655 Bay Street, Sulte 1500 Toronto, Ontario M5G 1E5
TEL: (416) 212-6349 or Toll Free: 1-866-448-2248
FAX: (416) 326-5370

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TO MUNICIPA	LITY	//Al	PP	ROV	/AL	AU	ITH	OR	TY

APPELLANT FORM (A1)

PLANNING ACT

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

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
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Part 2: Location Information	- :				. :
Please see asterisked property on Schedule	1 attached	d			
Address and/or Legal Description of pro	perty subj	ect to th	ne 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 i	ncorporated - include copy of letter o	f incorporation)
Professional Title (if applicable):		
E-mail Address: perry@wjproperties.ca		
By providing an e-mail address you agree	ee to receive communications from the OMB	by e-mail.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:		
	Suite 101	Toronto
Mailing Address: 7 St. Dennis Drive Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3C 1E4
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
Signature of Appellant: (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		phone number in writing. Please
Personal information requested on this form is collected und and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. O. 28 may become available to the public.		
Part 4: Representative Information (if applicable)		
I hereby authorize the named company and/or indi	, , , ,	
First Name: Robert	Last Name: Doumani	
Company Name: Aird & Berlis LLP	- Marie Marie Visit Para Visit Pa	
Professional Title: Solicitor		water production of
E-mail Address: rdoumani@airdberlis.com		
	ee to receive communications from the OMB	by e- mail.
Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
Fax.#. 416.863.1515	<u> </u>	
Mailing Address: Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M5J 2T9
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date: May 8,201
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	at you have written authorization, as
	order on portain or the appearant. The	ease confirm this by checking the box

Part 5: Language and Accessibility
Please choose preferred language: English French
We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.
Part 6: Appeal Specific Information
1. Provide specific information about what you are appealing. For example: Municipal File Number(s), By-law Number(s), Official Plan Number(s) or Subdivision Number(s):
(Please print)
City of Toronto Zoning By-law No. 537-2011
2. Outline the nature of your appeal and the reasons for your appeal. Be specific and provide land-use planning reasons (for example: the specific provisions, sections and/or policies of the Official Plan or By-law which are the subject of your appeal - if applicable). **If more space is required, please continue in Part 9 or attach a separate page.
(Please print)
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Part 8: Scheduling information				
How many days do you estimate are needed for hearing this app	real2 half	day 1	day 7 2 days	3 days
year year				o dayo
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How many expert witnesses and other witnesses do you expect One (1)	to have at the	hearing prov	viding evidence/te	estimony?
Describe expert witness(es)' area of expertise (For example: land	d use planner,	, architect, ei	ngineer, etc.):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to particip	YES	S	NO K	
Do you believe this matter would benefit from a prehearing conferences are generally not scheduled for variances or or	erence? YE	s Ix	NO F	
If yes, why? To settle the issue raised in this appeal.				
Part 9: Other Applicable Information **Attach a separate page	ge if more sp	ace is requi	red.	
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Part 10: Required Fee	L			
Total Fee Submitted: \$ 125.00	•			
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The payment must be in Canadian funds, payable to	o the Ministe	r of Finance	:. .	

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

Environment and Land Tribunals Ontario

APPELLANT FORM (A1) PLANNING ACT

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

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	SUBMIT	COMPL	ETED	FORM
TO MUNICIPAL	LITY/API	PROVAL	AUTH	ORITY

Receipt Number	(OMB Office Use	Only)	 	

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First Name:	Last Name:	
W. J. Holdings Limited		
Company Name or Association Name (Association mus	st 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 y	ou agree to receive communications from the	OMB by e-mail.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:		
Mailing Address: 7 St. Dennis Drive	Suite 101	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3C 1E4
Province	Country (if not Canada)	Postal Code
Signature of Appellant:	he appeal is submitted by a law office.	Date:
(Signature not required if t	he appeal is submitted by a law office.,)
Please note: You must notify the Ontario Municipal quote your OMB Reference Number(s) after they ha		torophone namber in whiting. I reace
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First Name: Robert	Last Name: Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
E-mail Address: rdoumani@airdberlis.com		
By providing an e-mail address y	ou agree to receive communications from the	OMB by e-mail.
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Appeal # 207

Part 8: Scheduling in	ionnation									
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www.									days	3 days
4 days 1 v	week	More than 1	week – please	specify n	umber	of days	: Unkr	nown		
How many expert witne	esses and other	witnesses do	you expect to	have at t	he hea	ring pro	viding	eviden	ce/testim	nony?
Describe expert witness Planner	s(es)' area of e	xpertise <i>(For</i>	example: land	use plann	er, arc	hitect, e	enginee	er, etc.)	: 	
Do you believe this mat (Mediation is generally so	tter would bene heduled only wh	efit from medi en all parties a	ation? gree to participat		ES		NO	x		
Do you believe this mat (Prehearing conferences	tter would bene are generally not	efit from a pre scheduled for	hearing confere variances or con		/ES	ĪX.	NO			
If yes, why? To settle	the issue raised i	n this appeal.								
Part 9: Other Applica	ble Informatio	n **Attach a	separate page	e if more :	space	is reau	ired.			
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Part 10: Required Fe	e									
Total Fee Submitted:	\$ 125.00									
Payment Method:	Certified	cheque	Money Or	der l	x Sc	licitor's	genera	al or tru	st accou	nt cheque
• The payme	ent must be in 0	Canadian fund	ds, payable to	the Minis	ter of	Financ	e.			
Do not ser										

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



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PLANNING ÀCT

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First Name:		Last Name:	
W. J. Holdings Li	mited		
_	Association Name (Association must be	incorporated – include copy of lett	er of incorporation)
Professional Title (i	f applicable):		
E-mail Address	perry@wjproperties.ca		
	By providing an e-mail address you agr	ee to receive communications from the C	OMB by e-mail.
Daytime Telephone	#: 416-429-5277	Alternate Telephone #:	
Mailing Address:	7 St. Dennis Drive	Suite 101	Toronto
Walling Address	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M3C 1E4
Ī	Province	Country (if not Canada)	Postal Code
Signature of Appell	ant:		Date:
3	ant:(Signature not required if the ap	ppeal is submitted by a law office.)	
and the Ontario Mu	on requested on this form is collected und unicipal Board Act, R.S.O. 1990, c. O. 28	der the provisions of the <i>Planning .</i> as amended. After an appeal is fil	Act, R.S.O. 1990, c. P. 13, as amended ed, all information relating to this appea
may become availa	ible to trie public.		
Part 4: Represe	ntative Information (if applicable)		
	ze the named company and/or indi	vidual(s) to represent me:	
First Name: Robe		, , ,	
	Aird & Berlis LLP	Last Namo.	
Professional Title:			
Professional Fille.			
E-mail Address:	rdoumani@airdberlis.com	ree to receive communications from the C	OMB by e-mail.
	#:416.865.3060	Alternate Telephone #:	
Fax #: 416.863.	1515	·	
Mailing Address: _	Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M5J 2T9
4	Province	Country (if not Canada)	Postal Code
Signature of Appel	ant:		Date: N/046/15
Cignature of Apper			
Please note: If yo required by the Bobelow.	u are representi ng the appellant a nd ar pard's Rules of Practice and Procedure,	e NOT a solicitor, please confirn to act on behalf of the appellant.	n that you have written authorization, Please confirm this by checking the b
	have written authorization from the appell nderstand that I may be asked to produce		respect to this appeal on his or her

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a) DATE APPLICATION SUBMITTED TO MUNICIPALITY: (If application submitted before January 1, 2007 please use the O1 'pre-Bill 51' form.)
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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Appeal # 207

Part 8: Scheduling Information						
How many days do you estimate are needed for hearing this appeal?	half (day r	1 day	г 20	lays T	3 days
4 days 1 week More than 1 week – please specify						
How many expert witnesses and other witnesses do you expect to have a One (1)	it the l	nearing pr	oviding	evidend	e/testim	ony?
Describe expert witness(es)' area of expertise (For example: land use planner	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	r	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	r		
If yes, why? To settle the issue raised in this appeal.						
Part 9: Other Applicable Information **Attach a separate page if mo	re spa	ice is req	uired.			
				سبير پيرين		
						
						•
			A4.77			
Part 10: Required Fee						
Total Fee Submitted: \$ 125.00						
Payment Method: Certified cheque Money Order	X	Solicitor'	s gener	al or trus	st accour	nt cheque
 The payment must be in Canadian funds, payable to the Mil 	nister	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, Sulte 1500 Toronto, Ontario M5G 1E5
TEL: (416) 212-6349 or Toll Free: 1-866-448-2248
FAX: (416) 326-5370

www.elto.gov.on.ca

Date Stamp - App eal Received	Municipality	
4.47.5		

APPELLANT FORM (A1) PLANNING ACT

SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OMB Office Use Only)						
		1				
			h :			

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	AND COMPANY OF THE PARTY OF THE

irst Name:	Last Name:	
W. J. Holdings Limited		
Company Name or Association Name (Association must	t 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 yo	u agree to receive communications from the	OMB by e-mail.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:		
Mailing Address: 7 St. Dennis Drive	Suite 101	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3C 1E4
Province	Country (if not Canada)	Postal Code
signature of Appellant:(Signature not required if the		Date:
(Signature not required if the	ne appeal is submitted by a law office.) [
nd the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. C	d under the provisions of the <i>Planning</i> 0, 28 as amended. After an appeal is f	Act, R.S.O. 1990, c. P. 13, as amended iled, all information relating to this appea
and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. Conay become available to the public.), 28 as amended. After an appeal is f	Act, R.S.O. 1990, c. P. 13, as amenderiled, all information relating to this appea
and the Ontario Municipal Board Act, R.S.O. 1990, c. Conay become available to the public. Part 4: Representative Information (if applicab). 28 as amended. After an appeal is f	Act, R.S.O. 1990, c. P. 13, as amender iled, all information relating to this appea
Personal information requested on this form is collected and the Ontario Municipal Board Act, R.S.O. 1990, c. Conay become available to the public. Part 4: Representative Information (if applicable thereby authorize the named company and/or First Name: Robert	o. 28 as amended. After an appeal is following the second	Act, R.S.O. 1990, c. P. 13, as amended iled, all information relating to this appear
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nd the Ontario Municipal Board Act, R.S.O. 1990, c. Conay become available to the public. Part 4: Representative Information (if applicable the named company and/or irst Name: Robert Company Name: Aird & Berlis LLP Professional Title: Solicitor Frail Address: By providing an e-mail address you	o. 28 as amended. After an appeal is followed by the second secon	iled, all information relating to this appe
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nd the Ontario Municipal Board Act, R.S.O. 1990, c. Conay become available to the public. Part 4: Representative Information (if applicable thereby authorize the named company and/or sirst Name: Robert Company Name: Aird & Berlis LLP Professional Title: Solicitor E-mail Address: rdoumani@airdberlis.com By providing an e-mail address you consider the providing an e-mail address you consider the providing and e-mail address you c	individual(s) to represent me: Last Name: Doumani Du agree to receive communications from the Alternate Telephone #: Suite 1800, Box 754	OMB by e-mail. Toronto City/Town
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Aird & Berlis LLP Professional Title: Solicitor Firmail Address: Paytime Telephone #: Aird & Brookfield Place, 181 Bay Street Street Address Ontario	individual(s) to represent me: Last Name: Doumani Last Name: Doumani Alternate Telephone #: Suite 1800, Box 754 Apt/Suite/Unit#	OMB by e-mail. Toronto City/Town M5J 2T9

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
 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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a) DATE APPLICATION SUBMITTED TO MUNICIPALITY:
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OMB PL 101111 Appeal # 207

Part 8: Scheduling Information					
			.		.
How many days do you estimate are n					3 days
4 days 1 week	More than 1 week - plea	se specify numbe	r of days: _U	Unknown	
How many expert witnesses and other One (1)	witnesses do you expect	to have at the he	aring provid	ling evidence/testim	nony?
Describe expert witness(es)' area of ex Planner	kpertise (For example: lar	nd use planner, ar	chitect, eng		
Do you believe this matter would bene (Mediation is generally scheduled only whe	fit from mediation? en all parties agree to particij	YES pate)		NO K	
Do you believe this matter would bene (Prehearing conferences are generally not	fit from a prehearing conf scheduled for variances or o	erence? YES consents)	IX I	NO F	
If yes, why? To settle the issue raised in	n this appeal.				
Part 9: Other Applicable Information	n **Attach a separate pa	ige if more space	is require	d	
			····		
					
		***************************************	*		<u> </u>
	14407				
Part 10: Required Fee					
Total Fee Submitted: \$ 125.00		_			
Payment Method: Certified	cheque	Order 🔽 S	olicitor's ge	neral or trust accou	nt cheque
The payment must be in C	Canadian funds, payable t	to the Minister of	Finance.		
Do not send cash.					

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

Environment and Land Tribunals Ontario

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

Ontario	www.eiio.gov.on.ce	
Date Stamp - A	ppeal Received by Municipality	

APPEL	LANT	FORM	(A1)
	PLAN	INING	ACT

SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OMB Office Use Only)						

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Minor Variance	Appeal a decision	45(1 2)
	Appeal a decision	53(19)
Consent/Severance	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 a	ippeal:	·····		
Municipality/Upper tier: City of Toronto				

Part 3: Appellant Info	mation		
First Name:		Last Name:	
W. J. Holdings Limited			
	ation Name (Association must be	incorporated - include copy of lette	er of incorporation)
Professional Title (if applic	able):		
E-mail Address: perry(@wjproperties.ca		
E-man / taut oos.	By providing an e-mail address you agr	ee to receive communications from the C	DMB by e-mail.
Daytime Telephone #:4	16-429-5277	Alternate Telephone#:	
Mailing Address: 7 St. 1		Suite 101	Toronto
Street /	Address	Apt/Suite/Unit#	City/Town
Ontar	io		M3C 1E4
Provinc	е	Country (if not Canada)	Postal Code
Signature of Appellant:			Date:
	(Signature not required if the a	ppeal is submitted by a law office.)	
Personal information requ and the <i>Ontario Municipal</i> may become available to	Board Act, R.S.O. 1990, c. O. 28	der the provisions of the <i>Planning</i> . as amended. After an appeal is fil	Act, R.S.O. 1990, c. P. 13, as amended, ed, all information relating to this appeal
	e Information (if applicable)		
	named company and/or ind	ividual(s) to represent me:	
-			
Company Name: Aird			
Professional Title: Solic			
	nani@airdberlis.com		
-		ree to receive communications from the (OMB by e-mail.
Daytime Telephone #:4	16.865.3060	Alternate Telephone #:	
Fax #: 416.863.1515			
	kfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
	Address	Apt/Suite/Unit#	City/Town
Onta	rio		M5J 2T9
Provinc	ce	Country (if not Canada)	Postal Code
Signature of Appellant:			Date: //246/11
			/ / '
Please note: If you are required by the Board's I below.	representing the appellant and a Rules of Practice and Procedure,	re NOT a solicitor, please confirm to act on behalf of the appellant.	n that you have written authorization, a Please confirm this by checking the bo
I certify that I have we behalf and I understa	ritten authorization from the appe and that I may be asked to produce	llant to act as a representative with this authorization at any time.	respect to this appeal on his or her

Part 5: Language and Accessibility
Please choose preferred language: English French
We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.
Part 6: Appeal Specific Information
 Provide specific information about what you are appealing. For example: Municipal File Number(s), By-la 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 reason (for example: the specific provisions, sections and/or policies of the Official Plan or By-law which are the subject 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 <u>only</u> to appeals of Zoning By-law Amendments unde Section 34(11) of the <i>Planning Act</i> .
SECTION 34(11) OF THE <i>PLANNING ACT</i> .
a) DATE APPLICATION SUBMITTED TO MUNICIPALITY: (If application submitted <u>before</u> January 1, 2007 please use the O1 'pre-Bill 51' form.) b) Provide a brief explanatory note regarding the proposal, which includes the existing zoning category, desired zoning category, the purpose of the desired zoning by-law change, and a description of the lands under appeal:
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Are there other planning matters related to this appeal? Application 34(11) of the Planning Act. Application Submitted Defore 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)

Appeal # 207

Part 8: Scheduling Infor	madon									
							4 .1	T		
How many days do you es									2 days	3 days
4 days 1 we	ek 「	More than 1	week – plea	se specify	numb	er of day	ys: <u>Unk</u>	nown		
How many expert witness One (1)	es and other	witnesses d	o you expec	t to have a	t the h	earing p	roviding	evide	nce/testi	mony?
Describe expert witness(e	es)' area of ex	pertise (For	example: la	nd use pla	nner, a	architect,	engine	er, etc	e.): 	
Do you believe this matter (Mediation is generally scheduler)	r would benef duled only whe	it from medi n all parties a	ation? gree to partic	ipate)	YES	.	NO	Īx		
Do you believe this matter (Prehearing conferences are	r would benef generally not	it from a pre scheduled for	hearing con variances or	ference? consents)	YES	ĪX.	NO			
If yes, why? To settle the	e issue raised in	this appeal.					u			
Part 9: Other Applicable	e Information	· **Attach a	separate p	age if mor	e spa	ce is rea	uired.			
							. "			

							· · · · · · · · · · · · · · · · · · ·			
						·				
Part 10: Required Fee										
Total Fee Submitted:	\$ 125.00									
Payment Method:	Certified	cheque	Money	Order	I X	Solicitor'	's gener	al or t	rust acco	unt cheque
The payment	t must be in C	anadian fun	ds, payable	to the Min	ister (of Finan	ce.			
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 Ontario Municipal Board 655 Bay Street, Suite 1500 Toronto, Ontario M5G 1E5 TEL: (416) 212-6349 or Toll Free: 1-866-448-2248 FAX: (416) 326-5370

APPELLANT FORM (A1) PLANNING ACT

www.eito.gov.on.ca

Date Stamp - Appe al R eceived by Munici pa	uity	

SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Recei	pt Number (O	//B 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)
Opingeringevorance	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 Info	rmation		
First Name:		Last Name:	· ·
W. J. Holdings Limited			
Company Name or Assoc	iation Name (Association must be i	ncorporated – include copy of lett	er of incorporation)
Professional Title (if appli	cable):		
E-mail Address: perry	@wjproperties.ca		
E-man / taa1000.	By providing an e-mail address you agre	e to receive communications from the (OMB by e-mail.
Daytime Telephone #:4	16-429-5277	Alternate Telephone #:	
Mailing Address: 7 St.	Dennis Drive	Suite 101	Toronto
Street	Address	Apt/Suite/Unit#	City/Town
Onta	rio		M3C 1E4
Provin	ce	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.).
Personal information req and the Ontario Municipa may become available to	l Board Act, R.S.O. 1990, c. O. 28	er the provisions of the <i>Planning</i> as amended. After an appeal is fi	Act, R.S.O. 1990, c. P. 13, as amended led, all information relating to this appear
Part 4: Representation	ve Information (if applicable)		
	e named company and/or indi	vidual(s) to represent me:	
First Name: Robert		Last Name: Doumani	
Company Name: Aird	& Berlis LLP		and the second s
Professional Title: Soli			
	mani@airdberlis.com		
	By providing an e-mail address you agr	ee to receive communications from the	OMB by e-mail.
Daytime Telephone #:	416.865.3060	Alternate Telephone #:	100 April 100 Ap
Fax #: 416.863.1515			
	okfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
	Address	Apt/Suite/Unit#	City/Town
Ont	ario		M5J 2T9
Provir	nce	Country (if not Canada)	Postal Office
Signature of Appellant:			Date(// 5/17/17
Please note: If you are required by the Board's below.	representing the appellant and ar Rules of Practice and Procedure,	e NOT a solicitor, please confiri to act on behalf of the appellant.	n that you have written authorization, Please confirm this by checking the b
I certify that I have behalf and I underst	written authorization from the appell and that I may be asked to produce	ant to act as a representative with this authorization at any time.	n respect to this appeal on his or her

Part 5: Language and Accessibility
Please choose preferred language: English French
We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.
Part 6: Appeal Specific Information
 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.
your appear - it applicable). The more space is required, please continue in harts or attach a separate page.
(Please print)
See cover letter.
THE FOLLOWING SECTIONS (a&b) APPLY ONLY TO APPEALS OF ZONING BY-LAW AMENDMENTS UNDER SECTION 34(11) OF THE PLANNING ACT.
SECTION 34(11) OF THE PLANNING ACT.
a) DATE APPLICATION SUBMITTED TO MUNICIPALITY:
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Appeal # 207

Part 8: Scheduling information						
				_		
How many days do you estimate are needed for hearing this appeal?						3 days
4 days 1 week More than 1 week – please spec	ify num	ber of day	ys: Unk	nown		
How many expert witnesses and other witnesses do you expect to have One (1)	at the	hearing p	roviding	evide	ence/testir	mony?
Describe expert witness(es)' area of expertise (For example: land use p	lanner,	architect,	engine		p.):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	, ,	NO	x		
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	5 K	NO	T,a		
If yes, why? To settle the issue raised in this appeal.		·				
Part 9: Other Applicable Information **Attach a separate page if me	ore spa	ace is rec	uired.			
						····
					· 141.	
		-	w			
			n			
Part 10: Required Fee						
Total Fee Submitted: \$ 125.00						
Payment Method: Certified cheque Money Order	ĪX	Solicitor	's gener	al or l	rust acco	unt cheque
The payment must be in Canadian funds, payable to the N	linister	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

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SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OMB Office Use	Only)
y Politica (n. 1920) Politica (n. 1921)	

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)
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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 attached		
Address and/or Legal Description of property subject to the appeal:		
Municipality/Upper tier: City of Toronto	······································	The state of the s

Part 3: Appella	nt Information		
First Name:		Last Name:	
W. J. Holdings L			
	r Association Name (Association must be i	ncorporated - include copy of letter	r of incorporation)
Professional Title ((if applicable):		
	perry@wjproperties.ca		
E-mail Address.	By providing an e-mail address you agre	ee to receive communications from the ON	//B by e-mail.
Brat Files	416-429-5277	Alternata Talankana #	
		Alternate Telephone #:	
·		_	
Mailing Address: _	7 St. Dennis Drive	Suite 101 Apt/Suite/Unit#	Toronto City/Town
	Street Address	Apt/Suite/Unit#	
	Ontario	Country (if not Canada)	M3C 1E4 Postal Code
	Province		
Signature of Appe	llant:(Signature not required if the ap	ppeal is submitted by a law office.)	Date:
			lankana numbar in uniting Blooms
Please note: You auote vour OMB	u must notify the Ontario Municipal Boa Reference Number(s) after they have be	ra of any cnange of address of te een assigned.	erepnone number in writing. Please
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 lable to the public.	ler the provisions of the <i>Planning A</i> as amended. After an appeal is file	ct, R.S.O. 1990, c. P. 13, as amended, d, all information relating to this appeal
Part 4: Repres	entative Information (if applicable)		
I hereby author	rize the named company and/or indi	vidual(s) to represent me:	
First Name: Rob	• •		
	Aird & Berlis LLP		
Professional Title:			
E-mail Address: _	rdoumani@airdberlis.com By providing an e-mail address you agr	ree to receive communications from the Ol	WIB by e-mail.
Day Mara Talambas	ne #:416.865.3060	Alternate Telephone #:	
		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
Signature of Appe	ellant:		Dake
			/ /
Please note: If y required by the E below.	<u>ou are representing the appellant and are sound are appellant and are appellant and are are are the area are are are are are are are are a</u>	re NOT a solicitor, please confirm to act on behalf of the appellant.	that you have written authorization, as Please confirm this by checking the box
I certify that behalf and I u	I have written authorization from the appell understand that I may be asked to produce	lant to act as a representative with i this authorization at any time.	respect to this appeal on his or her

Part 5: Language and Accessibility
Please choose preferred language: X 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.
See cover letter.
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Part 8: Scheduling Info	rmation					
How many days do you e		hearing this appeal?				7 3 days
How many expert witness One (1)	ses and other witnesses	do you expect to have a	it the hea	ring provi	ding evidence/tes	stimony?
Describe expert witness(expert vitness)	es)' area of expertise (F	or example: land use pla	nner, arc	hitect, en	gineer, etc.):	
Do you believe this matte (Mediation is generally sche	er would benefit from me duled only when all parties	ediation? s agree to participate)	YES	Γ	NO K	
Do you believe this matte (Prehearing conferences are	er would benefit from a r	orehearing conference?	YES	IX ·	NO T	
If yes, why? To settle the			***			
Part 9: Other Applicabl	e Information **Attach	a separate page if mo	re space	is requir	ed.	
		and the second s				
						
					<u></u>	
			<u> </u>			
		gar ,				
Part 10: Required Fee						
Total Fee Submitted:	\$ 125.00					
Payment Method:	Certified cheque	Money Order	Ix So	ilicitor's g	eneral or trust ac	count cheque
The payment	t must be in Canadian f	unds, payable to the Mi	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

E5

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Date Stamp - Appeal Received by Municipality

655 E	Bay S	itreet,	Suite 1	500 T	oronto.	, Ontario	M5G 1
TEL:	(416	5) 212-	6349 c	or Toll	Free:	1-866-44	8-2248
FAX:	(411	6) 326	-5370				
		ar an an an					

	SUBMIT	COMP	LETED	FORM
TO MUNICIPA	LITY/APE	ROVA	L AUTH	IORITY

APPELLANT FORM (A1)

PLANNING ACT

	Receipt Number (OMB Office Use Only)	
ane (1 - 11) Names di Colo		

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

Part 3: Appellant Information		
First Name:	Last Name:	
W. J. Holdings Limited		
Company Name or Association Name (Association must be in	ncorporated - include copy of letter o	f incorporation)
Professional Title (if applicable):		
E-mail Address:perry@wjproperties.ca		
By providing an e-mail address you agre	e to receive communications from the OMB	by e-mail.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:	<u></u>	
Mailing Address: 7 St. Dennis Drive	Suite 101	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3C 1E4
Province	Country (if not Canada)	Postal Code
Signature of Appellant:(Signature not required if the app		Date:
(Signature not required if the ap	peal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Boar quote your OMB Reference Number(s) after they have be		phone number in writing. Please
and the Ontario Municipal Board Act, R.S.O. 1990, c. O. 28 a may become available to the public. Part 4: Representative Information (if applicable)	as america. Anor an appear to mos,	an information foliating to the appear
I hereby authorize the named company and/or indiv	vidual(s) to represent me:	
First Name: Robert	Last Name:Doumani	
Company Name: Aird & Berlis LLP	A	
Professional Title: Solicitor		
F-mail Address: rdoumani@airdberlis.com		
By providing an e-mail address you agre	ee to receive communications from the OMB	by e-mail.
Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
Fax #: 416.863.1515		
Mailing Address: Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M5J 2T9
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date: / WY/ / / /
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	at you have written authorization, as ease confirm this by checking the box
I certify that I have written authorization from the appellabehalf and I 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: 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. 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.
SECTION 34(11) OF THE PLANNING ACT.
a) DATE APPLICATION SUBMITTED TO MUNICIPALITY:
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 category, the purpose of the desired zoning by-law change, and a description of the lands under appeal:
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a) DATE APPLICATION SUBMITTED TO MUNICIPALITY: (If application submitted before January 1, 2007 please use the O1 'pre-Bill 51' form.) b) Provide a brief explanatory note regarding the proposal, which includes the existing zoning category, desired zoning category, the purpose of the desired zoning by-law change, and a description of the lands under appeal: **If more space is required, please continue in Part 9 or attach a separate page. Part 7: Related Matters (if known) Are there other appeals not yet filed with the Municipality? Are there other planning matters related to this appeal? (For example: A consent application connected to a variance application)

Part 8: Scheduling Information						
How many days do you estimate are needed for hearing this appeal?	half day	, r	1 dav	T.	2 days	3 days
4 days 1 week More than 1 week – please specify					z dayo	o dayo
4 days I week More than I week - please specify						
How many expert witnesses and other witnesses do you expect to have a One (1)	it the he	aring pro	oviding	evide	ence/testir	nony?
Describe expert witness(es)' area of expertise (For example: land use planner	nner, ar	chitect,	engine	er, etc	;.) :	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	!	NO	x		
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	Ī x	NO	r		
If yes, why? To settle the issue raised in this appeal.				,		
Part 9: Other Applicable Information **Attach a separate page if mor	re space	is requ	iired.			
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Part 10: Required Fee						
Total Fee Submitted: \$ 125.00						
Payment Method: Certified cheque Money Order	s s	olicitor's	genera	al or t	rust accou	ınt cheque
The payment must be in Canadian funds, payable to the Mir	nister of	Financ	e.			
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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