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. 105912

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;

2550-2560 Kingston 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.

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the Minister of Finance in the amount of \$125.00 per appeal will follow once we determined whether City Council has repealed By-law 1156-2010.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

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

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Date Stamp - Appeal Received by Municipality	
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APPELLANT FORM (A1) PLANNING ACT

SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

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Part 2: Location Information			
Please see asterisked property on Schedu	le 1 attached		
Address and/or Legal Description of pr	operty subject to the appeal:		
Municipality/Upper tier: City of Toron	to		

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 ap		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
Personal information requested on this form is collected und and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. O. 28 a may become available to the public.	er the provisions of the <i>Planning Act</i> , as amended. After an appeal is filed,	R.S.O. 1990, c. P. 13, as amended, all information relating to this appeal
Part 4: Representative Information (if applicable)		
I hereby authorize the named company and/or indiv	vidual(s) to represent me:	
First Name: Robert	Last Name: Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		12 12 14 14 14 14 14 14 14 14 14 14 14 14 14
E-mail Address: rdoumani@airdberlis.com		
By providing an e-mail address you agree	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: 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 cact on behalf of the appellant. Ple	at you have written authorization, as ase 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	ant to act as a representative with res this authorization at any time.	pect to this appeal on his or her

A1 Revised April 2010 Page 3 of 5

Part 5: Language and Accessibility
Please choose preferred language: English French
We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.
Part 6: Appeal Specific Information
1. Provide specific information about what you are appealing. For example: Municipal File Number(s), By-law Number(s), Official Plan Number(s) or Subdivision Number(s):
(Please print)
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Appeal # 207

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How many expert witnesses and other witnesses do you expect to have a One (1)	at the I	hearing pro	viding e	evidence/testi	mony?
Describe expert witness(es)' area of expertise (For example: land use planner	nner,	architect, e	engineer	r, etc.):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	, F	NO	X:	
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	x	NQ		
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 requ	ired.		
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Part 10: Required Fee					
Total Fee Submitted: \$ 125.00					
Payment Method: Certified cheque Money Order	Īx	Solicitor's	general	or trust acco	unt cheque
The payment must be in Canadian funds, payable to the Mir	nister	of Finance	≥.		

Do not send cash.

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



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

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First Name:	Last Name	
W. J. Holdings Limited		
Company Name or Association Name (Association must be	incorporated – include copy of letter	of incorporation)
Professional Title (if applicable):		
E-mail Address: perry@wjproperties.ca		
By providing an e-mail address you agr	ee to receive communications from the OM	B by e-mail.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:		
Mailing Address: 7 St. Dennis Drive	Suite 101	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3C 1E4
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
Signature of Appellant:(Signature not required if the ap	opeal is submitted by a law office.)	
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Fax #:416.863.1515		
Mailing Address: Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
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		*****			<u></u>
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Total Fee Submitted: \$ 125.00					
Payment Method: Certified cheque Money Orde	r 🔽	Solicitor's	s general c	r trust accou	nt cheque
 The payment must be in Canadian funds, payable to the 	Minister	of Financ	e.		

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

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Ontario	Munici	pal B	oard		
655 Bay St	reet, Suite	1500 T	oronto,	Ontario	M5G TE
TEL: (416)	212-6349	or Toll	Free: 1	-866-44	8-2248
FAX: (416)	326-5370				

APPE	LLAN	IFU	KM	(A1)
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First Name:		Last Name:	
W. J. Holdings I			
	r Association Name (Association must be	incorporated – include copy of let	ter of incorporation)
Professional Title	(if applicable):		
F-mail Address	perry@wjproperties.ca		
mail /\ddi 035	By providing an e-mail address you ag	ree to receive communications from the	OMB by e-mail.
Daytime Telephor	ne#:416-429-5277	Alternate Telephone #:	
=ax #:			
Mailing Address	7 St. Dennis Drive	Suite 101	Toronto
vialing / daices	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M3C 1E4
	Province	Country (if not Canada)	Postal Code
ignature of Appe	ellant: (Signature not required if the a		Date:
	(Signature not required if the a	ppears submitted by a law office.	<i>!</i>
	entative Information (if applicable)	lividual(s) to represent me:	
First Name: Rot			
	Aird & Berlis LLP		
Professional Title			
	rdoumani@airdberlis.com		
E-mail Address: _		gree to receive communications from the	OMB by e-mail.
Daytime Telepho	ne #:416.865.3060	Alternate Telephone #:	
Fax #: 416.863			
Mailing Address	Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
Maning Address.	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M5J 2T9
	Province	Country (if not Canada)	Postal Code
Signature of App	ellant:		Date: ///αγ6//5
Signature or App	eliant		
Please note: If y required by the I below.	you are representing the appellant and a Board's Rules of Practice and Procedure,	are NOT a solicitor, please confin to act on behalf of the appellant.	m that you have written authorization, Please confirm this by checking the t
	I have written authorization from the appe		h respect to this appeal on his or her

A1 Revised April 2010 Page 3 of 5

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A1 Revised April 2010 Page 4 of 5

Part 8: Scheduling Information					
How many days do you estimate are needed for hearing this appeal?	half	day F	1 day	r 2 days	3 days
4 days 1 week — More than 1 week — please spec					
How many expert witnesses and other witnesses do you expect to have One (1)	at the I	hearing _l	providing e	evidence/testi	mony?
Describe expert witness(es)' area of expertise (For example: land use p	lanner,	architec	t, engin ee i	r, etc.):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	, r	NO	ix :	
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	S 1x	NO		
If yes, why? To settle the issue raised in this appeal.		•			
Part 9: Other Applicable Information **Attach a separate page if m	ore spa	ace is re	quired.		
				· -	
					·
Part 10: Required Fee					
Total Fee Submitted: \$ 125.00					
Payment Method: Certified cheque Money Order	Īx	Solicito	r's genera	l or trust acco	unt cheque
The payment must be in Canadian funds, payable to the N	1inister	of Final	nce.		

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

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

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Date Stamp - Appeal Received by Municipality

APPELLANT FORM (A1) PLANNING ACT

SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OME	Office Use Only)	

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)	
Minor Variance	Appeal a decision	45(12)	
Consent/Severance	Appeal a decision Appeal conditions imposed	53(19)	
	Appeal changed conditions	53(27)	
	Failed to make a decision on the application within 90 days	53(14)	
	Appeal the passing of a Zoning By-law	34(19)	
Zoning By-law or	Application for an amendment to the Zoning By-law – failed to make a decision on the application within 120 days	34(11)	
Zoning By-law Amendment	Application for an amendment to the Zoning By-law – refused by the municipality		
Interim Control By-law	Appeal the passing of an Interim Control By-law	38(4)	
	Appeal a decision	17(24) or 17(36)	
	Failed to make a decision on the plan within 180 days	17(40)	
Official Plan or Official Plan Amendment Application for an amendment to the Official Plan – failed to make a decision on the application within 180 days		22(7)	
	Application for an amendment to the Official Plan – refused by the municipality		
	Appeal a decision	51(39)	
Plan of Subdivision	Appeal conditions imposed	51(43) or 51(48)	
	Failed to make a decision on the application within 180 days	51(34)	

Part 2: Location Information		
Please see asterisked property on Schedule 1 attached		
Address and/or Legal Description of property subject to the appeal:		
Municipality/Upper tier: City of Toronto		

Part 3: Appellant Information		
First Name:	Last Name:	
W. J. Holdings Limited		
Company Name or Association Name (Association must be	incorporated - include copy of lette	r of incorporation)
Professional Title (if applicable):		
E-mail Address: perry@wjproperties.ca		
By providing an e-mail address you agr	ee to receive communications from the Ol	MB by e-mail.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:		
Mailing Address: 7 St. Dennis Drive	Suite 101	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3C 1E4
Province	Country (if not Canada)	Postal Code
Signature of Annellant		Date:
Signature of Appellant:(Signature not required if the ap	ppeal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Boa quote your OMB Reference Number(s) after they have be	rd of any change of address or t een assigned.	elephone 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.	der the provisions of the <i>Planning A</i> as amended. After an appeal is file	Act, R.S.O. 1990, c. P. 13, as amended, ed, all information relating to this appeal
Part 4: Representative Information (if applicable)		
I hereby authorize the named company and/or indi	vidual(s) to represent me:	
First Name: Robert	Last Name: Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
rdoumoni@airdharlig.com		
	ree to receive communications from the O	MB by e-mail.
Daytime Telephone #:416.865.3060	Alternate Telephone #:	
	Alternate relephonent	
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:	Married Inc.	Date: 16/11
Signature of Appending.		
Please note: If you are representing the appellant and are required by the Board's Rules of Practice and Procedure, below.	re NOT a solicitor, please confirm to act on behalf of the appellant.	that you have written authorization, as Please confirm this by checking the box
I certify that I have written authorization from the appel behalf and I understand that I may be asked to produce	lant to act as a representative with	respect to this appeal on his or her

Part 5: Language and Accessibility
Please choose preferred language:
rease onouse preferred language.
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
2. Outline the nature of your appeal and the reasons for your appeal. Be specific and provide land-use planning reasons (for example: the specific provisions, sections and/or policies of the Official Plan or By-law which are the subject of your appeal - if applicable). **If more space is required, please continue in Part 9 or attach a separate page.
(Please print)
See cover letter.
THE FOLLOWING SECTIONS (a&b) APPLY ONLY TO APPEALS OF ZONING BY-LAW AMENDMENTS UNDER SECTION 34(11) OF THE PLANNING ACT.
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Appeal # 207

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

A1 Revised April 2010 Page 5 of 5



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Date Stamp - Appeal Received by Municipality

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

SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

APPELLANT FORM (A1)

PLANNING ACT

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SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
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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		

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First Name:	Last Name:	
W. J. Holdings Limited		
Company Name or Association Name (Association must be	incorporated – include copy of let	ter of incorporation)
Professional Title (if applicable):		
E-mail Address: perry@wjproperties.ca		
By providing an e-mail address you ag	ree to receive communications from the	OMB by e-mail.
Daytime Telephone #: 416-429-5277	Alternate Telephone #:	
Fax #:		
Mailing Address: 7 St. Dennis Drive	Suite 101	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3C 1E4
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
Signature of Appellant:(Signature not required if the a	ppeal is submitted by a law office.	<u>) </u>
Please note: You must notify the Ontario Municipal Bo- quote your OMB Reference Number(s) after they have b	een assigned.	
Personal information requested on this form is collected un and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. O. 28 may become available to the public.	der the provisions of the <i>Planning</i> 3 as amended. After an appeal is f	iled, all information relating to this appeal
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I hereby authorize the named company and/or ind	ividual(s) to represent me:	
First Name: Robert	Last Name: Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
F-mail Address: rdoumani@airdberlis.com		
By providing an e-mail address you ag	ree to receive communications from the	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! 1/296/11
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Please note: If you are representing the appellant and a required by the Board's Rules of Practice and Procedure, below.	nre NOT a solicitor, please confir to act on behalf of the appellant	m that you have written authorization, as Please confirm this by checking the box
I certify that I have written authorization from the appe behalf and I understand that I may be asked to produc	llant to act as a representative wit e this authorization at any time.	h respect to this appeal on his or her

A1 Revised April 2010 Page 3 of 5

Please choose preferred language: English French
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A1 Revised April 2010 Page 4 of 5

Part 8: Scheduling Information					
_			r		
How many days do you estimate are needed for hearing this appeal?	half d	ay *	1 day	2 days	3 days
4 days 1 week More than 1 week – please specif	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 pr	oviding evide	ence/testin	nony?
Describe expert witness(es)' area of expertise (For example: land use planner	anner, a	architect,		c.):	
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	x	NO.		
If yes, why? To settle the issue raised in this appeal.					
Part 9: Other Applicable Information **Attach a separate page if mo	re spa	ce is req	uired.		
					-
Port 10: Paguirod Foo					
Part 10: Required Fee Total Fee Submitted: \$ 125.00					
Total Fee Submitted: \$ 125.00					
Payment Method: Certified cheque Money Order	x	Solicitor'	s general or	trust accou	int cheque
 The payment must be in Canadian funds, payable to the Mi 	inister :	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

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SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Re	Receipt Number (OMB Office Use Only)							

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
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First Name:	_ Last Name:	
W. J. Holdings Limited		
Company Name or Association Name (Association must be in	ncorporated – include copy of letter	of incorporation)
Professional Title (if applicable):		
E-mail Address:perry@wjproperties.ca		
By providing an e-mail address you agre	e to receive communications from the OM	B 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 ap	2 1 12 12 CC A	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		lephone number in writing. Please
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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		the state of the s
Professional Title: Solicitor		
F-mail Address: rdoumani@airdberlis.com		The second secon
	ee to receive communications from the ON	B 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:
Please note: If you are representing the appellant and arrequired by the Board's Rules of Practice and Procedure, to below.	e NOT a solicitor, please confirm to act on behalf of the appellant. If	that you have written authorization, a Please confirm this by checking the box
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Part 8: Scheduling information						
How many days do you estimate are needed for hearing this appeal?	half r	day [1 day	r	2 days	3 days
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4 days 1 week — More than 1 week — please specify	/ numl	ber of da	ys: Unk	cnown		
How many expert witnesses and other witnesses do you expect to have a One (1)	at the h	nearing p	providing	j evid	ence/testin	nony?
Describe expert witness(es)' area of expertise (For example: land use planer	nner,	architect	, engine	er, et	c.):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	.	NO	X		
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	S IX	NO	.		,
If yes, why? To settle the issue raised in this appeal.					· · · · · · · · · · · · · · · · · · ·	<u> </u>
Part 9: Other Applicable Information **Attach a separate page if mo	re spa	ice is re	auired.			
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Part 10: Required Fee						
Total Fee Submitted: \$ 125.00						
Payment Method: Certified cheque Money Order	Īx	Solicitor	's gener	al or	trust accou	unt cheque
The payment must be in Canadian funds, payable to the Min	nister	of Finar	ice.			

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

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

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SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

APPELLANT FORM (A1)

PLANNING ACT

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

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Minor Variance	Appeal a decision	45(12)
Consent/Severance	Appeal a decision Appeal conditions imposed	53(19)
	Appeal changed conditions	53(27)
	Failed to make a decision on the application within 90 days	53(14)
	Appeal the passing of a Zoning By-law	34(19)
Zoning By-law or	Application for an amendment to the Zoning By-law – failed to make a decision on the application within 120 days	34(11)
Zoning By-law Amendment	Application for an amendment to the Zoning By-law – refused by the municipality	
Interim Control By-law	Appeal the passing of an Interim Control By-law	38(4)
	Appeal a decision	17(24) or 17(36)
	Failed to make a decision on the plan within 180 days	17(40)
Official Plan or Official Plan Amendment	Application for an amendment to the Official Plan – failed to make a decision on the application within 180 days	22(7)
	Application for an amendment to the Official Plan – refused by the municipality	
	Appeal a decision	51(39)
Plan of Subdivision	Appeal conditions imposed	51(43) or 51(48)
	Failed to make a decision on the application within 180 days	51(34)

Part 2: Location Information			
Please see asterisked property on Schedule 1 attached	đ		
Address and/or Legal Description of property subj	ect 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 i	ncorporated – include copy of letter	of incorporation)
Professional Title (if applicable):		
E-mail Address: perry@wjproperties.ca		
By providing an e-mail address you agree	ee to receive communications from the OM	B 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
e# To the second of the secon	· · · · · · · · · · · · · · · · · · ·	M3C 1E4
Ontario Province	Country (if not Canada)	Postal Code
Signature of Appellant:(Signature not required if the ap	ppeal is submitted by a law office.)	Date:
Please note: You must notify the Ontario Municipal Boa quote your OMB Reference Number(s) after they have be	rd of any change of address or tei een assigned.	lephone 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.	ler the provisions of the <i>Planning Ac</i> as amended. After an appeal is filed	t, R.S.O. 1990, c. P. 13, as amended, , all information relating to this appeal
Part 4: Representative Information (if applicable)		
I hereby authorize the named company and/or indi	vidual(s) to represent me:	
First Name: Robert	Last Name:Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
F-mail Address: rdoumani@airdberlis.com		
By providing an e-mail address you agr	ee to receive communications from the OM	B 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/046/1(
Olgitation of Appointment		- / -//
Please note: If you are representing the appellant and ar required by the Board's Rules of Practice and Procedure, below.	re NOT a solicitor, please confirm to act on behalf of the appellant. F	that you have written authorization, a Please confirm this by checking the bo
I certify that I have written authorization from the appell behalf and I understand that I may be asked to produce	lant to act as a representative with re this authorization at any time.	espect to this appeal on his or her

A1 Revised April 2010 Page 3 of 5

Please choose preferred language: English French
We are committed to providing services as set out in the <i>Accessibility for Ontarians with Disabilities Act, 2005.</i> If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.
Part 6: Appeal Specific Information
 Provide specific information about what you are appealing. For example: Municipal File Number(s), By-law Number(s), Official Plan Number(s) or Subdivision Number(s):
(Please print) City of Toronto Zoning By-law No. 543-011
2. Outline the nature of your appeal and the reasons for your appeal. Be specific and provide land-use planning reasons (for example: the specific provisions, sections and/or policies of the Official Plan or By-law which are the subject of your appeal - if applicable). **If more space is required, please continue in Part 9 or attach a separate page.
(Please print)
See cover letter.
THE FOLLOWING SECTIONS (a&b) APPLY ONLY TO APPEALS OF ZONING BY-LAW AMENDMENTS UNDER SECTION 34(11) OF THE PLANNING ACT.
a) DATE APPLICATION SUBMITTED TO MUNICIPALITY:
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A1 Revised April 2010 Page 4 of 5

Fart 8. Schedding information			
How many days do you estimate are needed for hearing this appeal?	bolf s	lav F	1 day 2 days 3 days
yuux yuux			
4 days 1 week More than 1 week – please specifi	y numl	per of day	S; Unknown
How many expert witnesses and other witnesses do you expect to have a One (1)	at the h	nearing p	roviding evidence/testimony?
Describe expert witness(es)' area of expertise (For example: land use planner	anner,	architect,	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES		NO K
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	X	NO F
If yes, why? To settle the issue raised in this appeal.			
Part 9: Other Applicable Information ** Attach a separate page if mo	re spa	ce is red	uired.
Part of Other represente mormation. Attach a departure page in mo			
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			and the second s
Part 10: Required Fee			
Total Fee Submitted: \$ 125.00			
Payment Method: Certified cheque Money Order	X	Solicitor	s general or trust account cheque
The payment must be in Canadian funds, payable to the Mile	nister	of Finan	ce.
Do not send cash			

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

Page 5 of 5



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Date Stamp - Appeal Received by Municipality

Ontario	Munici	pal B	oard			
555 Bay St	reet, Suite	1500 T	oronto,	Ontario I	M5G 1	E
ΓEL: (416)	212-6349	or Toll	Free: 1	-866-448	3-2248	þ
FAX: (416)	326-5370					

APP	ELL	INT	FORM	/I (A1)
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SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

	Receipt Nu	mber (OMB Office	Use Only)	
Annual Control of the			* * * * *	

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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: Appella	nt Information		
First Name:		Last Name:	
W. J. Holdings I	Limited		
Company Name o	r Association Name (Association must be	incorporated - include copy of lette	er of incorporation)
Professional Title	(if applicable):		
E-mail Address	perry@wjproperties.ca		
	By providing an e-mail address you ag	ree to receive communications from the C	DMB by e-mail.
Daytime Telephon	e#: 416-429-5277	Alternate Telephone #:	
Fax #:		.	
Mailing Address:	7 St. Dennis Drive	Suite 101	Toronto
maning / taulose	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M3C 1E4
	Province	Country (if not Canada)	Postal Code
Signature of Appe	llant:(Signature not required if the a	lie autoritaal tuus lauvation)	Date:
Please note: You	u must notify the Ontario Municipal Boo Reference Number(s) after they have b	ard of any change of address or t	telephone number in writing. Please
quoto y our cime	(-)		
Part 4: Repres	entative Information (if applicable)		
I hereby author	rize the named company and/or ind	ividual(s) to represent me:	
First Name: Rob	ert	Last Name: Doumani	
Company Name:	Aird & Berlis LLP		and the state of t
Professional Title			
E-mail Address:	rdoumani@airdberlis.com		
_		ree to receive communications from the C	OMB by e-mail.
Daytime Telephor	ne #:416.865.3060	Alternate Telephone #:	
Fax #: 416.863			
Mailing Address:	Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M5J 2T9
	Province	Country (if not Canada)	Postal Code
Signature of Appe	ellant:		Date: 14/7/1/
			/ / /
Please note: If y required by the E below.	ou are representing the appellant and a Board's 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 behalf and I	I have written authorization from the appe understand that I may be asked to produce	llant to act as a representative with ethic authorization at any time.	respect to this appeal on his or her

Part 5: Language and Accessionity
Please choose preferred language: English French
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A1 Revised April 2010 Page 4 of 5

Part 8: Scheduling Information		2000	warener warener was a second of the second o	Sman	,
How many days do you estimate are needed for hearing this appeal?					3 days
4 days 1 week More than 1 week - please specify	/ num	ber of days	Unknown	<u> </u>	
How many expert witnesses and other witnesses do you expect to have a One (1)	at the I	hearing pro	viding evid	ence/testin	nony?
Describe expert witness(es)' area of expertise (For example: land use planner	nner,	architect, e	engineer, et	c.):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	.	NO K		
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	S X	NO F		
If yes, why? To settle the issue raised in this appeal.			· · · · · · · · · · · · · · · · · · ·		
Part 9: Other Applicable Information ** Attach a separate page if mo	re spa	ice is requ	ired.		
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Part 10: Required Fee Total Fee Submitted: \$ 125.00					
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Payment Method: Certified cheque Money Order	х	Solicitor's	general or	trust accou	int cheque
 The payment must be in Canadian funds, payable to the Min 	nister	of Financ	e.		

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

A1 Revised April 2010 Page 5 of 5

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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