AIRD & BERLIS LLP

Barristers and Solicitors

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

May 9, 2011

BY EMAIL

Our File No. 106498

Clerk
City of Toronto
100 Queen Street West
10th Floor, West Tower
Toronto, Ontario
M5H 2N2

Attention:

City Clerk, Merle MacDonald, Administrator, Planning & Growth

Management Committee

Dear Ms. MacDonald:

Re:

Appeal of By-law 537-2011, By-law 538-2011, By-law 539-2011, By-law 540-2011, By-law 541-2011, By-law 542-2011, By-law 543-2011 and By-law-544-2011 pursuant to Section 34(19) of the Planning Act;

10 Huntley Street

We act on behalf of Glen-Huntley Holdings Limited and APS Holdings Limited 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 clients' concerns with respect to how the City's new zoning by-law would impact their lands. Our clients' concerns were not addressed prior to the enactment of By-law No. 1156-2010 and, accordingly, our clients appealed Council's decision to enact By-law No. 1156-2010. [Appeal # 11]

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to the Minister of Finance in the amount of \$125.00 per appeal will follow once we determine whether City Council has repealed By-law 1156-2010.

Yours truly,

AIRD & BERLIS LLP

Robert G. Doumani RGD/bna/eb Encls.

c. Avrom Salz

9279331.1



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

		SUI	BMIT	COMP	LETE	FORM
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Date Stamp - Appeal Received by Municipality	
	Receipt Number (OMB Office Use Only)

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
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Consent/Severance	Appeal changed conditions	53(27)
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Part 2: Location Information	
10 Huntley Street	
Address and/or Legal Description of property subject to the appeal:	
Municipality/Upper tier: City of Toronto	-

Part 3: Appellant Information		
First Name: Avrom	Last Name: Salz	
Glen-Huntley Holdings Limited and APS Holdings Limite		
Company Name or Association Name (Association must be in		f incorporation)
Professional Title (if applicable): General Counsel		
E-mail Address:asalz@glencorp.com		
By providing an e-mail address you agre	e to receive communications from the OMB	by e-mail.
Daytime Telephone #: 416-449-3300 x 218	Alternate Telephone #:	
Fax #: 416-449-0392		
Mailing Address: 100 Scarsdale Road		Don Mills
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3B 2R8
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	d of any change of address or tele en assigned.	ephone number in writing. Please
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		
rdoumani@airdberlis.com		
By providing an e-mail address you agre	ee to receive communications from the OME	s 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	\supset	M5J 2T9
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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 oact on behalf of the appellant. Pl	hat you have written authorization, as lease 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 resthis authorization at any time.	spect 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 <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. 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)
Please see attached letter dated March 22, 2011.
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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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? (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.

Page 5 of 5

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

A1 Revised April 2010



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

APPELLANT FORM (A1)
PLANNING ACT

SUBMIT COMPLETED FORM www.elto.gov.on.ca TO MUNICIPALITY/APPROVAL AUTHORITY

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10 Huntley Street	
Address and/or Legal Description of property subject to the appeal:	
Municipality/Upper tier: City of Toronto	39.10

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First Name: Avrom	Last Name: Salz	
Glen-Huntley Holdings Limited and APS Holdings Limited		
Company Name or Association Name (Association must be in		of incorporation)
Professional Title (if applicable): General Counsel		
E-mail Address: asalz@glencorp.com		
By providing an e-mail address you agre	e to receive communications from the OMB	by e-mall.
Daytime Telephone #:416-449-3300 x 218	Alternate Telephone #:	
Fax #:416-449-0392		
Mailing Address: 100 Scarsdale Road		Don Mills
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3B 2R8
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.)	
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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		
Professional Title: Solicitor		
F-mail Address: rdoumani@airdberlis.com		
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How many expert witnesses and other witnesses do you expect to have a One (1)	at the hearing providing evidence/testimony?
Describe expert witness(es)' area of expertise (For example: land use planner	anner, architect, engineer, etc.):
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES NO T
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Part 9: Other Applicable Information **Attach a separate page if mo	re space is required.
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Total Fee Submitted: \$ 125.00	
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PLEASE ATTACH THE CERTIFIED CHEQUE/MONEY ORDER TO THE FRONT OF THIS FORM.

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

APPELLANT FORM (A1) PLANNING ÀCT

SUBMIT COMPLETED FORM www.elto.gov.on.ca

	TO MUNICIPALITY/APPROVAL AUTHORITY
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Address and/or Legal Desc	cription of property subj	ect to the appeal:		
Municipality/Upper tier: C	City of Toronto			

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Appeal a decision

Appeal conditions imposed

51(39)

51(43) or 51(48)

51(34)

Plan of Subdivision

Part 3: Appellant Information		
First Name: Avrom	Last Name:Salz	
Glen-Huntley Holdings Limited and APS Holdings Limite		
Company Name or Association Name (Association must be in	ncorporated – include copy of letter o	f incorporation)
Professional Title (if applicable): General Counsel		
E-mail Address: asalz@glencorp.com		
By providing an e-mail address you agre	e to receive communications from the OMB	by e-mail.
Daytime Telephone #: 416-449-3300 x 218	Alternate Telephone #:	
Fax #: 416-449-0392	_	
Mailing Address: 100 Scarsdale Road		Don Mills
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3B 2R8
Province	Country (if not Canada)	Postal Code
Signature of Appellant: (Signature not required if the app		Date:
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Please note: You must notify the Ontario Municipal Boar quote your OMB Reference Number(s) after they have be	d of any change of address or tele en assigned.	ephone number in writing. Please
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I hereby authorize the named company and/or indiv		
First Name: Robert	Last Name. Doublem	
Company Name: Aird & Berlis LLP	<u> </u>	
Professional Title: Solicitor		
F. 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		
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:
		7 /
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 to o act on behalf of the appellant. Pl	nat you have written authorization, as ease confirm this by checking the box
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How many days do you estimate are needed for hearing this appeal?	half o	day 「	1 day	Γ _{2 days}	┌ 3 days
T 4 days T 1 week More than 1 week – please specify					
How many expert witnesses and other witnesses do you expect to have a One (1)	at the I	hearing	providing	evidence/tes	stimony?
Describe expert witness(es)' area of expertise (For example: land use planner	anner,	archited	ot, engine	er, etc.):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	, x	NO	Γ	
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES	s K	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	ice is re	equired.		
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Part 10: Required Fee					
Total Fee Submitted: \$ 125.00					
Payment Method: Certified cheque Money Order	Īx	Solicito	or's gene	ral or trust ac	count cheque
 The payment must be in Canadian funds, payable to the Mi 	nister	of Fina	ince.		
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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Date Stamp - Appeal Rece	ived by Municip	oality	

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TO MUNICIPA	LITY/APP	ROVAL	AUTHO	RITY

Receipt Number (OMB Office Use Only)	ĺ

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Minor Variance	f 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)
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Interim Control By-law	Appeal the passing of an Interim Control By-law	38(4)
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	Failed to make a decision on the plan within 180 days	17(40)
Official Plan or Official Plan Amendment	Application for an amendment to the Official Plan – failed to make a decision on the application within 180 days	22(7)
	Application for an amendment to the Official Plan – refused by the municipality	
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Plan of Subdivision	Appeal conditions imposed	51(43) or 51(48)
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Part 2: Location Inform	nation		and the transfer of the second				0-106.1
10 Huntley Street					 		
Address and/or Legal De	escription of p	roperty subje	ect to the appeal:				
Municipality/Upper tier:_	City of Toro	nto		wo a' o is .		···	

Part 3: Appellant Information		
First Name: Avrom	Last Name: Salz	
Glen-Huntley Holdings Limited and APS Holdings Limited	d	
Company Name or Association Name (Association must be in-		f incorporation)
Professional Title (if applicable): General Counsel		
E-mail Address:asalz@glencorp.com		
By providing an e-mail address you agree	to receive communications from the OMB	by e-mail.
Daytime Telephone #: 416-449-3300 x 218	_ Alternate Telephone #:	
Fax #: 416-449-0392	_	
Mailing Address: 100 Scarsdale Road		Don Mills
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3B 2R8
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
Signature of Appellant: (Signature not required if the app	eal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Board quote your OMB Reference Number(s) after they have bee	d of any change of address or tele en assigned.	phone number in writing. Please
Personal information requested on this form is collected unde and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. O. 28 at may become available to the public.	er the provisions of the <i>Planning Act</i> , s 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 indivi	idual(s) to represent me:	
First Name: Robert	Last Name: Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
F mail Address rdoumani@airdberlis.com		
	e 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	ラ	M5J 2T9
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
		/ / ·
Please note: If you are representing the appellant and are required by the Board's Rules of Practice and Procedure, to below.	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 appella behalf and I understand that I may be asked to produce t	int to act as a representative with res his authorization at any time.	spect 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 Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.
Part 6: Appeal Specific Information
 Provide specific information about what you are appealing. For example: Municipal File Number(s), By-law Number(s), Official Plan Number(s) or Subdivision Number(s):
(Please print) City of Toronto Zoning By-law No. 540-2011
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) Please see attached letter dated March 22, 2011.
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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Describe expert witness(es)' area of expertise (For example: land use planer	anner, architect, engineer, etc.):
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If yes, why? To settle the issue raised in this appeal.	
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Part 10: Required Fee	
Total Fee Submitted: \$ 125.00	
Payment Method: Certified cheque Money Order	Solicitor's general or trust account cheque
 The payment must be in Canadian funds, payable to the Mi 	nister of Finance.
Do not send cash.	
 PLEASE ATTACH THE CERTIFIED CHEQUE/MONEY ORI 	DER TO THE FRONT OF THIS FORM.

Part 8: Scheduling Information



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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FAX: (416) 326-5370
www.elto.gov.on.ca

SUBMIT COMPLETED FORM
TO MUNICIPALITY/APPROVAL AUTHORITY

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Date Stamp - Appeal Received by Municipality	
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Receipt Number (OMB Office Use Only)	
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Part 2: Location Information	
10 Huntley Street	
Address and/or Legal Description of property subject to the appeal:	
Municipality/Upper tier:City of Toronto	_

Part 3: Appellant Information		
First Name: Avrom	_ Last Name:Salz	
Glen-Huntley Holdings Limited and APS Holdings Limite		
Company Name or Association Name (Association must be in	corporated - include copy of letter of	f incorporation)
Professional Title (if applicable): General Counsel		
E-mail Address: asalz@glencorp.com	testing from the ORED	Est a madu
By providing an e-mail address you agree	e to receive communications from the OMB	by e-mail.
Daytime Telephone #:416-449-3300 x 218	Alternate Telephone #:	
Fax #: 416-449-0392		
Mailing Address: 100 Scarsdale Road		Don Mills
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3B 2R8
Province	Country (if not Canada)	Postal Code
Signature of Appellant: (Signature not required if the app		Date:
(Signature not required if the app	peal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Board quote your OMB Reference Number(s) after they have been	d of any change of address or tele en assigned.	phone number in writing. Please
Personal information requested on this form is collected under and the Ontario Municipal Board Act, 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
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I hereby authorize the named company and/or indiv	ridual(s) to represent me:	
First Name: Robert	Last Name: Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
F mail Address: rdoumani@airdberlis.com	e to receive communications from the OMB	hy o 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 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	nat you have written authorization, as ease confirm this by checking the box
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A1 Revised April 2010 Page 3 of 5

Part 5: Language and Accessibility
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(Please print)
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APPELLANT FORM (A1)
PLANNING ACT

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Date Stamp - Appeal Received by Municipality						

	SUBMIT	COMPLE	ETED F	ORM
TO MUNICIPA	LITY/API	PROVAL	AUTHO	RITY

Receipt Number (OMB Office Use Only)	
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Part 3: Appellant Information		
First Name: Avrom	Last Name: Salz	
Glen-Huntley Holdings Limited and APS Holdings Limited		
Company Name or Association Name (Association must be inc		incorporation)
Professional Title (if applicable): General Counsel		
E-mail Address: asalz@glencorp.com		
By providing an e-mail address you agree	to receive communications from the OMB	by e-mail.
Daytime Telephone #: 416-449-3300 x 218	_ Alternate Telephone #:	
Fax #: 416-449-0392	_	
Mailing Address: 100 Scarsdale Road		Don Mills
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3B 2R8
Province	Country (if not Canada)	Postal Code
Signature of Appellant:	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date:
(Signature not required if the app	•	
Please note: You must notify the Ontario Municipal Board quote your OMB Reference Number(s) after they have been	l of any change of address or tele _l n assigned.	phone number in writing. Please
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I hereby authorize the named company and/or indivi	idual(s) to represent me:	
First Name: Robert	_ Last Name:Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
E-mail Address: rdoumani@airdberlis.com	La Along from Abo ORAD	hu a mail
• • • • • • • • • • • • • • • • • • • •	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
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Ontario		M5J 2T9
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A1 Revised April 2010 Page 3 of 5

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Part 8: Scheduling Information				
How many days do you estimate are needed for hearing this appeal?	half c	lav F	1 day 7 2 days 7 3	days
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4 days 1 week More than 1 week – please spec	ify numb	per of day	/s: Unknown	
How many expert witnesses and other witnesses do you expect to have One (1)	at the h	nearing p	roviding evidence/testimony	<i>~</i>
Describe expert witness(es)' area of expertise (For example: land use p	olanner, a	architect,	engineer, etc.):	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	ÍX.	NO F	
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 m	ore sna	ce is rea	uired	
Part 9: Other Applicable information. Attach a separate page if in	ore spa	CE IS TEQ	uncu.	
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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 account o	heque
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.

Page 5 of 5



Date Stamp - Appeal Received by Municipality

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

	SUBMIT	COMPL	ETED	FORM
TO MUNICIPA	LITY/APE	PROVAL	AUTH	ORITY

Receipt i	Number (OMB Off	ice Use	Only)		

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

Part 2: Location Information	
10 Huntley Street	
Address and/or Legal Description of property subject to the appeal:	
Municipality/Upper tier: City of Toronto	

Part 3: Appellant Information		
First Name: Avrom	Last Name: Salz	
Glen-Huntley Holdings Limited and APS Holdings Limited		
Company Name or Association Name (Association must be inc		incorporation)
Professional Title (if applicable): General Counsel		
E-mail Address:asalz@glencorp.com		
By providing an e-mail address you agree to	to receive communications from the OMB	by e-mail.
Daytime Telephone #: 416-449-3300 x 218	Alternate Telephone #:	
Fax #: 416-449-0392	_	
Mailing Address: 100 Scarsdale Road		Don Mills
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3B 2R8
Province	Country (if not Canada)	Postal Code
Signature of Appellant:(Signature not required if the appe	- Li b itte d b fe office \	Date:
Please note: You must notify the Ontario Municipal Board quote your OMB Reference Number(s) after they have been		phone number in writing. Please
- quote your ome recovered realization (a) area area area		
Personal information requested on this form is collected under and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. O. 28 as	the provisions of the <i>Planning Act</i> , amended. After an appeal is filed, a	R.S.O. 1990, c. P. 13, as amended, 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 individ	dual(s) to represent me:	
First Name: Robert	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 agree	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:	<u> </u>	Date:
		7 /
Please note: If you are representing the appellant and are required by the Board's Rules of Practice and Procedure, to below.	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 appellan	it to act as a representative with res	pect to this appeal on his or her

behalf and I understand that I may be asked to produce this authorization at any time.

Part 5: Language and Accessibility
Please choose preferred language: English French
We are committed to providing services as set out in the <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. 543-2011
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)
Please see attached letter dated March 22, 2011.
r lease see attached letter dated without 22, 2011.
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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4 days 1 week More than 1 week – please specify	
How many expert witnesses and other witnesses do you expect to have a	
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Describe expert witness(es)' area of expertise (For example: land use pla	nner, architect, engineer, etc.):
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES K NO F
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES NO T
If yes, why? To settle the issue raised in this appeal.	
Part 9: Other Applicable Information **Attach a separate page if mor	re space is required.
art of Common Approximation	
Part 10: Required Fee	
Total Fee Submitted: \$ 125.00	
Payment Method: Certified cheque Money Order	Solicitor's general or trust account chequi
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.

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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www.	elto.gov.on.ca	

Date Stamp - Appeal Received by Municipality

	SUBMIT	COMPL	ETED FORM	Λ
TO MUNICIPA	LITY/APE	ROVAL	AUTHORIT	Υ

Receipt No	ımber (OMB C	Office Use Onl	y)	

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Part 2: Location Information	
10 Huntley Street	
Address and/or Legal Description of property subject to the appeal:	
Municipality/Upper tier: City of Toronto	-

Part 3: Appellant Information		
First Name: Avrom	Last Name: Salz	
Glen-Huntley Holdings Limited and APS Holdings Limited		
Company Name or Association Name (Association must be in		incorporation)
Professional Title (if applicable): General Counsel		
= mail Address: asalz@glencorp.com		
By providing an e-mail address you agree	to receive communications from the OMB I	by e-mail.
Daytime Telephone #:416-449-3300 x 218	Alternate Telephone #:	
Fax #: 416-449-0392	_	
Mailing Address: 100 Scarsdale Road		Don Mills
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M3B 2R8
Province	Country (if not Canada)	Postal Code
Signature of Appellant:(Signature not required if the app		Date:
(Signature not required if the app	eal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Board quote your OMB Reference Number(s) after they have been seen to be a second of the control of the c	d of any change of address or telepen assigned.	phone number in writing. Please
Personal information requested on this form is collected under 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> s amended. After an appeal is filed, a	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	idual(s) to represent me:	
-	_ Last Name:Doumani	
Company Name:Aird & Berlis LLP		
Professional Title: Solicitor		
F-mail Address rdoumani@airdberlis.com		
By providing an e-mail address you agree	e 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:
Please note: If you are representing the appellant and are required by the Board's Rules of Practice and Procedure, to below.	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 appella behalf and I understand that I may be asked to produce t	int to act as a representative with res his authorization at any time.	pect to this appeal on his or her

Part 5: Language and Accessibility
Please choose preferred language: English French
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(Please print) City of Toronto Zoning By-law No. 544-2011
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(Please print)
Please see attached letter dated March 22, 2011.
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A1 Revised April 2010 Page 4 of 5

Part 8: Scheduling Information			
How many days do you estimate are nee	eded for hearing this appeal?	half day	1 day Γ 2 days Γ 3 days
4 days 1 week M	lore than 1 week - please specify	number of days	: Unknown
How many expert witnesses and other w One (1)	itnesses do you expect to have a	t the hearing pro	oviding evidence/testimony?
Describe expert witness(es)' area of exp	ertise (For example: land use pla	nner, architect, e	engineer, etc.):
Do you believe this matter would benefit (Mediation is generally scheduled only when		YES 🔽	NO F
Do you believe this matter would benefit (Prehearing conferences are generally not so	from a prehearing conference? cheduled for variances or consents)	YES X	NO C
If yes, why? To settle the issue raised in t	his appeal.		
Part 9: Other Applicable Information		e space is requ	ired.
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Part 40. Partitod Fee			
Part 10: Required Fee			
Total Fee Submitted: \$ 125.00			
Payment Method: Certified of	neque Money Order	Solicitor's	general or trust account cheque
The payment must be in Car	nadian funds, payable to the Mir	ister of Financ	e.
 Do not send cash. 			

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

AIRD & BERLIS LLP

Barristers and Solicitors

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

March 22, 2011

BY EMAIL

Our File No. 106498

Chair and Members of the Planning & Growth Management Committee Toronto City Hall
100 Queen Street West
10th Floor, West Tower
Toronto, Ontario
M5H 2N2

Attention:

City Clerk, Merle MacDonald, Administrator

Dear Ms. MacDonald:

Re:

Planning and Growth Management Committee

Statutory Public Meeting March 24, 2011

Item PG2.5

Proposed Amendments to City of Toronto Zoning By-law No. 1156-2010

10 Huntley Street

We act on behalf of Glen-Huntley Holdings Limited and APS Holdings Limited 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 #11]

We are in receipt of and have reviewed the Notice of Public Meeting respecting the proposed amendments to Zoning By-law 1156-2010.

The Staff Report and Draft Amendments to By-law 1156-2010 posted on the City's website March 17, 2011, contain hundreds of separate amendments to the parent by-law which are not only administrative but include material changes to the regulations as enacted and currently under appeal. Insufficient time has been provided for a proper public review of this significant undertaking.

Based on our preliminary review of the Draft Amendments there are no proposed amendments to recognize the development potential of our client's property as per our previous submissions to Council. We are still discerning the manner in which numerous

technical and material change amendments to Zoning By-law 1156-2010 further aggravate our objections to the R 2.0 Zoning proposed for this property. Our client reserves its right to make such further and other grounds at the hearing of the owner's appeal.

We therefore object to the amendments which fail to respond to our client's various submissions on By-law 1156-2010.

Please accept this letter as our written submission pursuant to Section 34(19)(2) of the *Planning Act*.

We are hereby requesting notice of enactment of any amending by-law passed in respect of this matter.

Should you have any questions or require any further information, please do not hesitate to contact the undersigned.

Yours truly,

AIRD & BERLIS LLP

Robert G. Doumani

RGD/bna/eb

c. Avrom Salz

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