AIRD & BERLIS LLP

Barristers and Solicitors

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

May 9, 2011

Our File No. 63662

VIA EMAIL

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

Attention:

Ms. Merle MacDonald, Administrator, Chairman and Members,

Planning and 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*;

160 Greenfield Avenue, 150 and 163 Maplehurst Avenue and 120 and 166 Sheppard Avenue East

We represent Kenneth-Sheppard Limited in respect of its property interest at 160 Greenfield Avenue, 150 and 163 Maplehurst Avenue and 120 and 166 Sheppard Avenue East.

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 # 89]

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 client 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.

May 9, 2011 Page 2

Our client reserves their rights to raise such further and other grounds at any hearing of their appeal.

In support of our client's 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to the Minister of Finance in the amount of \$125.00 per appeal will follow once we determine whether City Council has repealed By-law 1156-2010.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 Doumani RGD/eb

RGD/e Encls.

c: Mr. Scott M. Zavaros, Kenneth-Sheppard Limited Mr. Paul J. Stagl, MCIP, RPP, Opus Management Inc.

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APPELLANT FORM (A1) PLANNING ACT

SUBMIT COMPLETED FORM
TO MUNICIPALITY/APPROVAL AUTHORITY

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

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

www.elto.gov.on.ca

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
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Part 2: Location Information
160 Greenfield Avenue, 150 & 163 Maplehurst Avenue and 120 & 166 Sheppard Avenue East
Address and/or Legal Description of property subject to the appeal:
Municipality/Upper tier: City of Toronto

Part 3: Appella	ant Information		
First Name:		Last Name:	
Kenneth-Sheppa	ard Limited		
Company Name o	or Association Name (Association must be	incorporated – include copy of let	ter of incorporation)
Professional Title	(if applicable):		
F-mail Address	szavaros@metrontario.com		
	By providing an e-mail address you ag	gree to receive communications from the	OMB by e-mail.
Daytime Telephor	ne #:(416) 785-6000 x237	Alternate Telephone #:	
Fax #: (416)			
	One Yorkdale Road	Suite 601	Toronto
walling Address.	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M6A 3A1
	Province	Country (if not Canada)	Postal Code
Signature of Appe	ellant: (Signature not required if the e		Date:
	(Signature not required in the e	appear is subtrimed by a law office.,	,
Part 4: Repres	entative Information (if applicable)		
I hereby autho	rize the named company and/or ind	lividual(s) to represent me:	
First Name: <u>Rob</u>	pert	Last Name: Doumani	
Company Name:	Aird & Berlis LLP		
Professional Title	Solicitor		
E-mail Address: _	rdoumani@airdberlis.com		
	-	gree to receive communications from the	OMB by e-mail.
Daytime Telepho	ne #: 416.865.3060	Alternate Telephone #:	
Fax #:416.863	3.1515		
Mailing Address:	Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M5J 2T9
	Province	Country (if not Canada)	Postal Code
Signature of Appe	ellant:		Date:/
			<i>)</i>
Please note: If y required by the E below.	ou are representing the appellant and a Board's Rules of Practice and Procedure,	are NOT a solicitor, please confiri to act on behalf of the appellant.	m that you have written authorization, Please confirm this by checking the b

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

A1 Revised April 2010 Page 3 of 5

Part 5: Language and Accessibility
Please choose preferred language: English French
We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.
Part 6: Appeal Specific Information
 Provide specific information about what you are appealing. For example: Municipal File Number(s), By-law Number(s), Official Plan Number(s) or Subdivision Number(s):
(Please print)
City of Toronto Zoning By-law No. 537-2011
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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
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4 days 1 week — More than 1 week — please specify number of days: <u>Unknown</u>
How many expert witnesses and other witnesses do you expect to have at the hearing providing evidence/testimony? One (1)
Describe expert witness(es)' area of expertise (For example: land use planner, architect, engineer, etc.): Planner
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)
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 cheque
 The payment must be in Canadian funds, payable to the Minister of Finance.
Do not send cash.

A1 Revised April 2010 Page 5 of 5



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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:	
Kenneth-Sheppard Limited		
Company Name or Association Name (Association must be in	ncorporated - include copy of letter of	fincorporation)
Professional Title (if applicable):		
E-mail Address:szavaros@metrontario.com		
By providing an e-mail address you agre	e to receive communications from the OMB	by e-mail.
Daytime Telephone #: (416) 785-6000 x237	Alternate Telephone #:	
Fax #: (416) 785-7000		
Mailing Address: One Yorkdale Road	Suite 601	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M6A 3A1
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
Signature of Appellant: (Signature not required if the app	peal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Boar quote your OMB Reference Number(s) after they have be	rd 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 <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
Data A. Danisa di La Jacon di		
Part 4: Representative Information (if applicable)		
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	by e-mall.
Daytime Telephone #: 416.865.3060	Alternate Telephone #:	
Fax #: 416.863.1515		
Mailing Address: Brookfield Place, 181 Bay Street	Suite 1800, Box 754	
Street Address		Toronto
Street Address	Apt/Suite/Unit#	Toronto City/Town
Ontario		City/Town M5J 2T9
	Apt/Suite/Unit# Country (if not Canada)	City/Town
Ontario Province		City/Town M5J 2T9
Ontario		City/Town M5J 2T9 Postal Code
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Do not send cash	

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APPELLANT FORM (A1)
PLANNING ACT

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First Name:		Last Name:	
Kenneth-Sheppa			
Company Name o	or Association Name (Association must be	e incorporated – include copy of lett	er of incorporation)
	(if applicable):		
E-mail Address: _	szavaros@metrontario.com		
	By providing an e-mail address you ag	gree to receive communications from the (OMB by e-mail.
Daytime Telephor	ne #:(416) 785-6000 x237	Alternate Telephone #:	
Fax #:(416) '	785-7000		
Mailing Address:	One Yorkdale Road	Suite 601	Toronto
	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M6A 3A1
	Province	Country (if not Canada)	Postal Code
Signature of Appe	ellant: (Signature not required if the a	annual is submitted by a law office	Date:
-	entative Information (if applicable)		
First Name: Rot	rize the named company and/or inc	Last Name: Doumani	
	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
Walling Address.	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M5J 2T9
	Province	Country (if not Canada)	Postal Code
Signature of Appe	ellant:		Date:
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Please note: If y required by the E below.	ou are representing the appellant and a Board's Rules of Practice and Procedure,	are NOT a solicitor, please confirr , to act on behalf of the appellant.	m that you have written authorization, Please confirm this by checking the l

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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 days
wayer print preserve
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 cheque
 The payment must be in Canadian funds, payable to the Minister of Finance.
Do not sand cash



APPELLANT FORM (A1) PLANNING ACT

SUBMIT COMPLETED FORM Y

Ontario www.elto.gov.on.ca	TO MUNICIPALITY/APPROVAL AUTHORIT
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
160 Greenfield Avenue, 150 & 163 Maplehurst Avenue and 120 & 166 Sheppard Avenue East
Address and/or Legal Description of property subject to the appeal:
Municipality/Upper tier: City of Toronto

Part 3: Appella	ınt Information		
First Name:		Last Name [.]	
Kenneth-Sheppa			
	or Association Name (Association must be	incorporated - include copy of lette	er of incorporation)
Professional Title	(if applicable):		
F-mail Address:	szavaros@metrontario.com		
	By providing an e-mail address you agr	ree to receive communications from the O	MB by e-mail.
Daytime Telephor	ne #:(416) 785-6000 x237	Alternate Telephone #:	
Fax #:(416) 7	785-7000		
Mailing Address:	One Yorkdale Road	Suite 601	Toronto
_	Street Address	Apt/Suite/Unit#	City/Town
	Ontario		M6A 3A1
	Province	Country (if not Canada)	Postal Code
Signature of Appe	ellant:	opeal is submitted by a law office.)	Date:
Personal informat	ion requested on this form is collected und funicipal Board Act, R.S.O. 1990, c. O. 28 lable to the public.	der the provisions of the <i>Planning</i>	Act, R.S.O. 1990, c. P. 13, as amended, ed, all information relating to this appeal
l hereby author	entative Information (if applicable)		
First Name: Rob		Last Name:Doumani	
Company Name:	Aird & Berlis LLP		
Professional Title:	Solicitor		
E-mail Address: _	rdoumani@airdberlis.com		DAP has a seal
		ree to receive communications from the C	wib by e-mail.
	ne #: 416.865.3060	Alternate Telephone #:	
Fax #:416.863	3.1515		
Mailing Address:	Brookfield Place, 181 Bay Street	Suite 1800, Box 754	Toronto
•	Street Address	Apt/Suite/Unit#	City/Town
	Ontario	·	M5J 2T9
	Province	Country (if not Canada)	Postal Code
Signature of Appe	ellant:		Date:
			/ /
Please note: If y required by the E below.	ou are representing the appellant and an 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, as Please confirm this by checking the box
I certify that	I have written authorization from the appel	lant to act as a representative with	respect to this appeal on his or her

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

Part 5: Language and Accessibility
Please choose preferred language: T 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
 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 <i>PLANNING ACT</i> .
a) DATE APPLICATION SUBMITTED TO MUNICIPALITY:
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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 days
greener greener		
4 days 1 week More than 1 week – please specify	/ num	nber of days: _Unknown
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 planer	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	s 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	s R NO
If yes, why? To settle the issue raised in this appeal.	·	
	ro ent	aco is required
Part 9: Other Applicable Information **Attach a separate page if mor	re spa	ace is required.
	_	
	<u> </u>	
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 Mir	nister	of Finance.
Do not send cash.	.,,,,,,,,,,	

A1 Revised April 2010 Page 5 of 5



APPELLANT FORM (A1) PLANNING ACT

SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Description (OI	ID Office Has Oaks	
Receipt Number (OA	B Once Ose Only)	

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

www.elto.gov.on.ca

Date Stamp - Appeal Received by Municipality

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)
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Part 2: Location Information
160 Greenfield Avenue, 150 & 163 Maplehurst Avenue and 120 & 166 Sheppard Avenue East
Address and/or Legal Description of property subject to the appeal:
Municipality/Upper tier: City of Toronto

		
First Name:	Last Name:	
Kenneth-Sheppard Limited		
Company Name or Association Name (Association must	be incorporated – include copy of let	ter of incorporation)
Professional Title (if applicable):		
E-mail Address: szavaros@metrontario.com		
By providing an e-mail address you	u agree to receive communications from the	OMB by e-mail.
Daytime Telephone #:(416) 785-6000 x237	Alternate Telephone #:	
Fax #: (416) 785-7000		
Mailing Address: One Yorkdale Road	Suite 601	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M6A 3A1
Province	Country (if not Canada)	Postal Code
Signature of Appellant:(Signature not required if th		Date:
(Signature not required if th	e appear is submitted by a law office.,	,
Part 4: Representative Information (if applicab	-	-
I hereby authorize the named company and/or i		
Company Name:Aird & Berlis LLP	Cast Name.	
Company Name:		
Solicitor		
F-mail Address: rdoumani@airdberlis.com	u agree to receive communications from the	OMB by e-mail.
E-mail Address: rdoumani@airdberlis.com By providing an e-mail address yo	u agree to receive communications from the	OMB by e-mail.
E-mail Address: rdoumani@airdberlis.com By providing an e-mail address yo Daytime Telephone #: 416.865.3060	u agree to receive communications from the Alternate Telephone #:	OMB by e-mail.
E-mail Address: rdoumani@airdberlis.com By providing an e-mail address yo Daytime Telephone #: 416.865.3060 Fax #: 416.863.1515	Alternate Telephone #:	
E-mail Address: rdoumani@airdberlis.com By providing an e-mail address yo Daytime Telephone #: 416.865.3060 Fax #: 416.863.1515 Mailing Address: Brookfield Place, 181 Bay Street	Alternate Telephone #: Suite 1800, Box 754	Toronto
E-mail Address: rdoumani@airdberlis.com By providing an e-mail address yo Daytime Telephone #: 416.865.3060 Fax #: 416.863.1515 Mailing Address: Brookfield Place, 181 Bay Street Street Address	Alternate Telephone #:	Toronto City/Town
E-mail Address: rdoumani@airdberlis.com By providing an e-mail address you Daytime Telephone #: 416.865.3060 Fax #: 416.863.1515 Mailing Address: Brookfield Place, 181 Bay Street Street Address Ontario	Alternate Telephone #: Suite 1800, Box 754	Toronto
E-mail Address: rdoumani@airdberlis.com By providing an e-mail address you address you address you are address and address are address. Mailing Address: Brookfield Place, 181 Bay Street address Ontario Province	Alternate Telephone #: Suite 1800, Box 754 Apt/Suite/Unit#	Toronto City/Town M5J 2T9 Postal Code
E-mail Address: rdoumani@airdberlis.com By providing an e-mail address you Daytime Telephone #: 416.865.3060 Fax #: 416.863.1515 Mailing Address: Brookfield Place, 181 Bay Street Street Address Ontario Province	Alternate Telephone #: Suite 1800, Box 754 Apt/Suite/Unit#	Toronto City/Town M5J 2T9
Daytime Telephone #: 416.865.3060 Fax #: 416.863.1515 Mailing Address: Brookfield Place, 181 Bay Street Street Address Ontario	Alternate Telephone #: Suite 1800, Box 754 Apt/Suite/Unit# Country (if not Canada)	Toronto City/Town M5J 2T9 Postal Code Date: Date: m that you have written authorization,

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

Page 3 of 5 A1 Revised April 2010

Part 5: Language and Accessibility
Please choose preferred language: Tx English French
We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.
Part 6: Appeal Specific Information
 Provide specific information about what you are appealing. For example: Municipal File Number(s), By-law Number(s), Official Plan Number(s) or Subdivision Number(s):
(Please print)
City of Toronto Zoning By-law No. 541-2011
 Outline the nature of your appeal and the reasons for your appeal. Be specific and provide land-use planning reasons (for example: the specific provisions, sections and/or policies of the Official Plan or By-law which are the subject of your appeal - if applicable). **If more space is required, please continue in Part 9 or attach a separate page.
(Please print)
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 o	day
4 days 1 week More than 1 week – please specifi		
How many expert witnesses and other witnesses do you expect to have a One (1)	-	·
Describe expert witness(es)' area of expertise (For example: land use pla	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 L
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 L
If yes, why? To settle the issue raised in this appeal.		
Part 9: Other Applicable Information **Attach a separate page if mo	re spa	ace is required.
Part 10: Required Fee		
Total Fee Submitted: \$ 125.00		
Payment Method: Certified cheque Money Order	Īx	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 ORDER TO THE FRONT OF THIS FORM.



APPELLANT FORM (A1) PLANNING ACT

SUBMIT COMPLETED FORM

	SUBMIT COMPLET	LD FORM
TO MUNICIPA	ALITY/APPROVAL A	UTHORITY
Receipt Number (OMB	Office Use Only)	

Date Stamp	- Appeal Received L	y Municipality	

www.elto.gov.on.ca

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
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	Failed to make a decision on the plan within 180 days	17(40)
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	Failed to make a decision on the application within 180 days	51(34)

Part 2: Location Information
160 Greenfield Avenue, 150 & 163 Maplehurst Avenue and 120 & 166 Sheppard Avenue East
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:	
Kenneth-Sheppard Limited		
Company Name or Association Name (Association must be	incorporated – include copy of lette	er of incorporation)
Professional Title (if applicable):		
E-mail Address:szavaros@metrontario.com		
By providing an e-mail address you as	ree to receive communications from the O	MB by e-mail.
Daytime Telephone #:(416) 785-6000 x237	Alternate Telephone #:	
Fax #:(416) 785-7000		
Mailing Address: One Yorkdale Road	Suite 601	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M6A 3A1
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
Signature of Appellant: (Signature not required if the a	appeal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Bo quote your OMB Reference Number(s) after they have to	ard of any change of address or t been assigned.	elephone number in writing. Please
Personal information requested on this form is collected ur and the <i>Ontario Municipal Board Act</i> , R.S.O. 1990, c. O. 20 may become available to the public.	nder the provisions of the <i>Planning A</i> 8 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 inc	lividual(s) to represent me:	
First Name: Robert	Last Name:Doumani	
Company Name: Aird & Berlis LLP		
Professional Title: Solicitor		
F mail Address: rdoumani@airdberlis.com	gree to receive communications from the O	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:
		"/ /
Please note: If you are representing the appellant and a required by the Board's Rules of Practice and Procedure below.	are NOT a solicitor, please confirm, , to act on behalf of the appellant.	n that you have written authorization, as Please confirm this by checking the box
I certify that I have written authorization from the appe	ellant to act as a representative with	respect to this appeal on his or her

Part 5: Language and Accessibility
Please choose 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.
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(Please print)
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(Please print)
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Part 8: Scheduling Information	
r r	гг
How many days do you estimate are needed for hearing this appeal? half 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 pro	oviding evidence/testimony?
Describe expert witness(es)' area of expertise (For example: land use planner, architect, explanner	engineer, etc.):
Do you believe this matter would benefit from mediation? YES (Mediation is generally scheduled only when all parties agree to participate)	NO C
Do you believe this matter would benefit from a prehearing conference? YES (Prehearing conferences are generally not scheduled for variances or consents)	NO T
If yes, why? To settle the issue raised in this appeal.	
Part 9: Other Applicable Information **Attach a separate page if more space is requ	ired.

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 Minister of Finance 	e.
Do not send cash.	



APPELLANT FORM (A1) PLANNING ACT

SUBMIT COMPLETED FORM RITY

Ontario	www.elto.gov.on.ca	SUBMIT COMPLETED TO
		TO MUNICIPALITY/APPROVAL AUTHOR
Date Stamp - Ap	peal Received by Municipality	
		Receipt Number (OMB Office Use Only)
1	i	

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

Part 2: Location Information	
160 Greenfield Avenue, 150 & 163 Maplehurst Avenue and 120 & 166 Sheppard Avenue East	
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:	
Kenneth-Sheppard 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: szavaros@metrontario.com		
By providing an e-mail address you agre	e to receive communications from the OMB	by e-mail.
Daytime Telephone #:(416) 785-6000 x237	Alternate Telephone #:	
Fax #:(416) 785-7000	_	
Mailing Address: One Yorkdale Road	Suite 601	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M6A 3A1
Province	Country (if not Canada)	Postal Code
Signature of Appellant:		Date:
Signature of Appellant: (Signature not required if the app	peal is submitted by a law office.)	
Please note: You must notify the Ontario Municipal Boar quote your OMB Reference Number(s) after they have be	d of any change of address or tele en assigned.	ephone 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> 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	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		
By providing an e-mail address you agre	e to receive communications from the OME	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 are required by the Board's Rules of Practice and Procedure, to	NOT a solicitor please confirm th	
below.	o act on behalf of the appellant. Pl	nat you have written authorization, as ease confirm this by checking the box

A1 Revised April 2010 Page 3 of 5

Please choose preferred language: Tx English French
We are committed to providing services as set out in the Accessibility for Ontarians with Disabilities Act, 2005. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.
Part 6: Appeal Specific Information
1. Provide specific information about what you are appealing. For example: Municipal File Number(s), By-law Number(s), Official Plan Number(s) or Subdivision Number(s):
(Please print)
City of Toronto Zoning By-law No. 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.
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	numb	er of days: _Unknown
How many expert witnesses and other witnesses do you expect to have a One (1)	t the h	earing providing evidence/testimony?
Describe expert witness(es)' area of expertise (For example: land use plan Planner	nner, a	rchitect, engineer, etc.):
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES	NO F
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If yes, why? To settle the issue raised in this appeal.		
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Part 9. Other Applicable information. Attach a separate page if mor	o opac	
		
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The payment must be in Canadian funds, payable to the Min	nister o	of Finance.
Do not send cash.		

A1 Revised April 2010 Page 5 of 5



APPELLANT FORM (A1) PLANNING ACT

TEL: (416) 212-6349 or Toll Free: 1-866-448-2248

FAX: (416) 326-5370

www.elto.gov.on.ca

SUBMIT COMPLETED FORM

TO MUNICIPALITY/APPROVAL AUTHORITY

Pate Stamp - Appeal Rece	eived by Muni	cipality	

Receipt Number (OMB Office Use Only)	
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First Name:	Last Name:	
Kenneth-Sheppard Limited		
Company Name or Association Name (Association mu	ıst be incorporated – include copy of lett	ter of incorporation)
Professional Title (if applicable):		
E-mail Address: szavaros@metrontario.com		
By providing an e-mail address y	you agree to receive communications from the	OMB by e-mail.
Daytime Telephone #:(416) 785-6000 x237	Alternate Telephone #:	
Fax #:(416) 785-7000		
Mailing Address: One Yorkdale Road	Suite 601	Toronto
Street Address	Apt/Suite/Unit#	City/Town
Ontario		M6A 3A1
Province	Country (if not Canada)	Postal Code
Signature of Appellant:(Signature not required if	the annual is submitted by a low office	Date:
(Signature not required in	the appear is submitted by a law office.	,
may become available to the public. Part 4: Representative Information (if applica		
I hereby authorize the named company and/o	_	
First Name: Robert	Last Name	
Company Name: Aird & Berlis LLP		
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	t 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: 4/5/11
Signature of Appendix		-1/
Please note: If you are representing the appellant a required by the Board's Rules of Practice and Proce below.	and are NOT a solicitor, please confired and are not on behalf of the appellant.	m that you have written authorization, Please confirm this by checking the b
	appellant to get as a representative with	h respect to this appeal on his or her

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

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Please choose preferred language: T English French
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How many expert witnesses and other witnesses do you expect to have at the hearing pro One (1)	
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Do you believe this matter would benefit from mediation? YES (Mediation is generally scheduled only when all parties agree to participate)	NO L
Do you believe this matter would benefit from a prehearing conference? YES (Prehearing conferences are generally not scheduled for variances or consents)	NO F
If yes, why? To settle the issue raised in this appeal.	
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The payment must be in Canadian funds, payable to the Minister of Finance	e.
Do not send cash.	

A1 Revised April 2010 Page 5 of 5

AIRD & BERLIS LLP

Barristers and Solicitors

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

March 22, 2011

Our file no. 63662

BY EMAIL

Chairman and Members
Planning and Growth Management Committee
City of Toronto
City Hall, 100 Queen Street West
10th Floor, West Tower
Toronto, ON M5H 2N2

Attention:

Ms. Merle MacDonald, Committee Administrator

City Clerk's Department

Dear Sirs/Mesdames:

Re:

Planning and Growth Management Committee

Agenda Item PG2.5 - March 24, 2011

Statutory Public Meeting - Amendments to Zoning By-law 1156-2010

We represent Kenneth-Sheppard Limited in respect of its property interest at 160 Greenfield Avenue, 150 and 163 Maplehurst Avenue and 120 and 166 Sheppard Avenue East (the "Site").

You will recall that the above-noted site has development approval for which construction has not yet commenced and for which not all building permits have yet been issued. We anticipate that all phases of building permits and construction will bridge the transition period of the City's new By-law.

You will also recall that, on behalf of our client, we appealed By-law 1156-2010 (Appeal No. 89).

We understand that your Committee will be considering the above-noted item at a Statutory Public Meeting on March 24, 2011 and we take this opportunity to submit our client's comments for your consideration.

Prescribed Information and Material Available to the Public

We understand that the relevant published information available to the public for purposes of understanding the proposed By-law amendments includes:

• available on March 3, 2011: Statutory Notice of Public Meeting to be held on March 24, 2011; and

• available on March 17, 2011 (as posted on the Planning and Growth Management Committee's Agenda website): Staff Report dated March 15, 2011 (177 pages), entitled "Amendments to Zoning By-law 1156-2010", recommending approximately 1,742 changes to By-law 1156-2010, including various corrections, additions, deletions, substitutions, revisions, new regulations and mapping changes.

Comments

For purposes of this statutory submission, we have taken the information that is available as of the date of this submission, as best as can be assessed given the available time and the manner in which the changes are proposed.

None of the proposed by-law changes adequately or appropriately address the concerns our client previously identified to your Committee. While the nature of the changes are styled as housekeeping corrections, the proposed changes also include new, substituted or revised regulations. A number of new regulations, replacements, deletions and replacements are proposed without benefit of supporting discussion, clarification or public consultation. The amendments have been structured into 10 separate amending by-laws, however related revisions and corrections can be found in separate by-laws.

Summary

For the above reasons, our client objects to the proposed amendments. We bring these concerns to your attention at this time.

We also request the Clerk provide us with Notice of any subsequent considerations or decisions of the related Zoning By-law.

Should you have any questions, please contact the undersigned or our client's planning consultant, Mr. Paul Stagl (416-784-2952).

Yours truly,

AIRD & BERLIS LLE

Robert G. Doumani

RGD/eb

c. Scott M. Zavaros, Kenneth-Sheppard Limited Paul J. Stagl, MCIP, RPP, Opus Management Inc.

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