

Bennett Jones LLP 3400 One First Canadian Place, P.O. Box 130 Toronto, Ontario, M5X 1A4 Canada T: 416.863.1200 F: 416.863.1716

Andrew L. Jeanrie Partner Direct Line: 416.777.4814 Our File No.097272.00001

July 25, 2024

VIA COURIER and E-MAIL clerk@toronto.ca

City Clerk Attn: Raneisha Hemmings Registrar Secretariat Toronto City Hall 2<sup>nd</sup> Floor West Tower, 100 Queen Street West Toronto ON M5H 2N2

City Clerk's Office City Hall, Floor 1H

Re:

Appeal of Official Plan Amendment No. 727 pursuant to Section 17(24)

of the Planning Act and an Appeal of a Zoning By-law Amendment No.

608-2024 pursuant to Section 34(19) of the Planning Act

**Municipal Nos.:** 

24 122626 STE 10 OZ and 20 175353 STE 10 TMSA

We act on behalf of 2856973 Ontario Inc. which is:

- a) an owner of lands located along Burnhamthorpe Road in the City of Toronto;
- b) but also, is a long time developer of infill development within the City of Toronto.

We are writing this letter to commence two interrelated appeals on its behalf to the Ontario Land Tribunal pursuant to Sections 17(24) and 34(19) of the *Planning Act*.

#### The first appeal is pursuant to Section 17(24) of the *Planning Act*:

"If the plan is exempt from approval, any of the following may not later than 20 days after the day the giving of notice.... appeal all or part of the decision...by filing a notice of appeal with the clerk of the municipality:

1. A person... who, before the plan was adopted, made ... written submissions to...."

#### The second appeal is pursuant to Section 34(19) of the *Planning Act*:

"Not later than 20 days after the day that the giving of notice...the following may appeal to the Tribunal by filing with the clerk...notice of appeal setting out the objection ...

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2. A person... who, before the plan was adopted, made ... written submissions to...."

As detailed below, we can confirm that our client provided written submissions to Council prior to the subject official plan amendment and zoning by-law amendment were adopted.

# Official Plan Amendment No. 727 & Zoning By-law Amendment No. 608-2024 (being the "Major Street policies")

By letters dated May 17, 2024 and June 6, 2024, our client wrote to City Planning and City Council, respectively, (copies attached) providing its position with respect to the Major Street policies. As stated in those letters, our client is generally supportive of the Major Street policies. In particular, our client supports the overall direction of the Major Street policies to encourage respectful infill development although there are a number of policies they object to (as expressed in the above-noted letters). Therefore, please accept this letter and submission as our client's appeal of City of Toronto Official Plan Amendment No. 727 ("OPA 727") and City of Toronto Zoning By-law Amendment No. 608-2024 ("ZBL 608-2024").

It is our client's position that the adopted Major Street policies are not be consistent with, and/or do not conform with, the policies of the Provincial Policy Statement ("PPS"), a Place to Grow: Growth Plan for the Greater Golden Horseshoe Area ("Growth Plan"), or with the overall objectives of the City's Official Plan respecting responsible growth.

We have outlined below the areas of OPA 727 and ZBL 828-2024, that our client believes could be improved so that it would better enable diverse and sustainable growth that would better implement provincial policy and the City's overall goals as stated in the Official Plan.

The policies within **OPA 727** that our client objects to is new policy Chapter 4.1, Policies 12. and 13. respecting the design related requirements that our outlined in Policies 12. c through h, and Policies 13. a through g.

Our client objects to the individual and cumulative impact of the above noted policies on infill development along Major Streets. This "one size fits all" approach is in conflict with the PPS and Growth Plan. They will unnecessarily and systematically stifle responsible growth which is a goal of the Official Plan by not taking into consideration site by site characteristics.

Also, our client objects to Policy 12. i which specifically identified that only for tree preservation would the use of minor variance be an appropriate tool to address strict compliance with policies in OPA 727. This is an overly bureaucratic "brake" on the potential development of Official Plan goal oriented infill development. It cannot be supported.

With regards to **ZBL 608-2024** our client objects to the policies (sections 57 through 65 of the By-law) regarding the *Residential Townhouse* zone (*RT*), as well as all policies related to limiting the "as of right permissions" for *apartment buildings* in any zone, not limited to height, setbacks, building length, setbacks, and building depth.



Our client objects to the individual and cumulative impact of the above noted policies (and sections) on infill development along Major Streets. This "one size fits all" approach is in conflict with both the PPS and Growth Plan. They will unnecessarily and systematically stifle responsible growth for *apartment buildings* and all development within the *RT zone*, which is a goal of the Official Plan, by not taking into consideration site by site characteristics across the City along Major Streets.

#### PLANNING POLICY DOCUMENTS

If implemented, the appealed Major Street policies will stifle the Official Plan goals which should serve to implement the policies in the Growth Plan and the PPS regarding efficient, cost-effective development and land use patterns. Broadly, the Growth Plan and PPS encourage development through intensification where possible, and focus on the coordinated, efficient use of land, infrastructure, and public service facilities. The introduction of more intensive development policies on Major Streets that are compatible with surrounding areas is laudable especially if it is "as of right" without having to request and official plan amendment and zoning by-law amendment which are costly and "time wasters". These potential "as of right" developments will utilize the existing and proposed infrastructure along Major Streets efficiently and effectively and will contribute to the City of Toronto's intensification projections. However, this will only occur if the policies our client objects to are revised.

#### **Appeal Support Materials**

As noted above, pursuant to:

- a) Section 17 (24) of the *Planning Act*, we are appealing OPA 727 as noted above (not site specific, but City wide). Attached to this letter, please find the following in support of the appeal:
  - 1. A copy of the Tribunal's Appeal Form (Al); and
  - 2. Our formal direction for the Tribunal to contact the undersigned respecting appeal payment.
- b) Section 34 (19) of the *Planning Act*, we are appealing ZBL 608-2024 as noted above (not site specific, but City wide). Attached to this letter, please find the following in support of the appeal:
  - 1. A copy of the Tribunal's Appeal Form (Al); and
  - 2. Our formal direction for the Tribunal to contact the undersigned respecting appeal payment.

We also are requesting the OLT to contact us or our client directly respecting the payment of the appeal fees.



If you have any questions or require any further information, please contact the undersigned (or Robert Blunt, the land use planner assisting me with this matter at 416.684.8529 and/or bluntr@bennettjones.com).

Yours truly,

BENNETT JONES LLP

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Andlew Jeanler
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Andrew L. Jeanrie

Encls.

cc. Client

Glen Schnarr & Associates Inc.



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Andrew Jeanrie
Direct Line: 416.777.4814
e-mail: jeanriea@bennettjones.com
Our File No.: 097272.00001

May 17, 2024

Via Email: councilmeeting@toronto.ca

City Council Toronto City Hall 100 Queen Street West Toronto ON M5H 2N2

Dear Members of Council:

Re: Item PH 12.3

Expanding Housing Options in Neighbourhoods: Major Streets Study - Final Report

We act for Prime Real Estate Group Inc. ("PRIME") who own and have developed numerous parcels of land across the City (and GTA). Our client is very familiar with the policy needs to successfully implement, in a timely manner, low density gentle infilling in an urban environment. Our client has reviewed the above noted Final Report and fully support its intent but are underwhelmed and disappointed by the proposed means to support the timely, gentle intensification goal.

We acknowledge that a further Report is to come to Council from the Chief Planner but at the time of writing we cannot comment on its contents as it hasn't been released. We can only hope it addresses the requested revisions that were put to the Planning and Housing Committee on May 9, 2024 or we can say that the proposed planning instruments will not "...remove barriers and enable the creation of Neighbourhoods related housing..." and it won't deliver "... housing ... relatively quickly as owners will only be required to obtain a building permit (and Site Plan Approval, when applicable) rather than official plan or zoning by-law approvals".

Our client's objections to both proposed OPA 727 and the amendment to By-law 569-2013 include the following:

- (1) the arbitrary as-of-right cap of 30 units for apartment buildings irrespective of the size of lot. The number of units permitted should be determined by what can fit within an appropriate built form, rather than by an artificial cap;
- (2) the outdated reliance on historical setback requirements based on abutting lot development which is not reflective of current built form and urban design direction;
- (3) the unjustifiable 50% maximum lot coverage and limits on building length are unnecessary as the City should allow buildings to be constructed to the lot setbacks;



# Bennett Jones

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- (4) the minimum dwelling unit widths of 16.4-ft and 19.7-ft which are unnecessarily wide, given that many popular (and built) townhouse units are narrower; and
- (5) that proposed OPA 727 speaks to minor variances as a tool to achieve "applicable setbacks if it is demonstrated to be necessary to accommodate tree preservation". This is extremely limiting and by implication means minor variances are not permitted for any other type of performance standard or that setback variances aren't intended to occur for other reasons besides to avoid trees.

The effect of the foregoing performance standard modifications will be to severely limit opportunities for as-of-right, family-friendly gentle intensification on "Major Streets" that are affordable to young families.

We would like to reiterate our client's support for greater as-of-right opportunities for intensification on properties designated "Neighbourhoods" on major streets and thank City Staff for their efforts in bringing these amendments forward. However, our client does not support the implementation of proposed OPA 727 and the proposed amendments to Zoning By-law 569-2013 and believes that there are other ways to address the goal. As such, our client requests that City Council defer making a final decision with respect to this matter and requests the opportunity to meet with Staff to discuss proposed solutions, in more detail.

We hope Council directs staff to review not only our client's concerns, but also those of other housing advocates, and we ask to be included in the notice for any further decisions on this matter.

Thank you in advance for your consideration,

Yours truly,

BENNETT JONES LLP

Per:

-NocuSigned by: andrew Jeaner

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Andrew Jeanrie

c.c: Client



Robert Blunt

Direct Line: 416.777.4770 e-mail: bluntr@bennettjones.com Our File No.: 097272.00001

June 6, 2024

Via Email: councilmeeting@toronto.ca

City Clerk' Office Toronto City Hall 2<sup>nd</sup> Floor West Tower 100 Queen Street West Toronto ON M5H 2N2

To whom it may concern:

Re: Item PH 12.3

Expanding Housing Options in Neighbourhoods: Major Streets Study - Final Report

Bennett Jones LLP

T: 416.863.1200 F: 416.863.1716

3400 One First Canadian Place, P.O. Box 130

Toronto, Ontario, M5X 1A4 Canada

We act for Prime Real Estate Group Inc. ("PRIME"). By letter dated May 16, 2024 (copy attached) we wrote to you on behalf of our client. The purpose of this letter is to update you with respect to the registered owner of 417-419 Burnhamthorpe Road being 2856973 Ontario Inc.

As Council did not pass the implementing OPA or Zoning By-law we wish to update the City's record respecting the impacted property and registered owner.

If you have any questions, please feel free to contact the undersigned.

Thank you in advance for your consideration.

Yours truly,

BENNETT JONES LLP

Per:

Docusigned by:

Robert Bluct

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Robert Blunt RPP Land Use Planner

attachment

c.c: Client



# **Ontario Land Tribunal**

655 Bay Street, Suite 1500, Toronto, ON M5G 1E5 Tel: 416-212-6349 | 1-866-448-2248 Web Site: olt.gov.on.ca

# Appeal Form (A1)

Municipal/Approval Authority
Date Stamp

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Receipt Number (OLT Office Use Only)

OLT Case Number (OLT Office Use Only)

| Date S | tamp – Appeal<br>by OLT | Received |
|--------|-------------------------|----------|
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Please complete this Appeal Form by following the instructions in the companion document titled "Appeal Form Instructions". Please review the notice of the decision you are appealing to determine the appeal deadline and the specific official with whom the appeal should be filed (e.g. Secretary-Treasurer, Clerk, Minister, Ontario Land Tribunal) prior to completing this Appeal Form. Relevant portions of the applicable legislation should also be reviewed before submitting this form. Your appeal must be filed with the appropriate authority within the appeal period as set out in the notice of the decision and applicable legislation.

# Section 1 – Contact Information (Mandatory)

| Applicant/Appellant/Objector/Claimant Information |                           |       |        |                               |                           |             |                |
|---------------------------------------------------|---------------------------|-------|--------|-------------------------------|---------------------------|-------------|----------------|
| Last Name:                                        |                           |       |        |                               | First Name:               |             |                |
| Di Ciano                                          |                           |       |        |                               | Justin                    |             |                |
| Company Name/Associate                            | tion Name (               | Assoc | iation | must be incor                 | porated – include copy of | letter of i | ncorporation): |
| 2856973 Ontario Inc.                              |                           |       |        |                               |                           |             |                |
| Email Address:                                    |                           |       |        |                               |                           |             |                |
| justin@prggroup.ca                                |                           |       |        |                               |                           |             |                |
| Daytime Telephone Number:                         |                           |       |        | Alternative Telephone Number: |                           |             |                |
| 437-914-9062 ext.                                 |                           |       |        |                               |                           |             |                |
| Mailing Address                                   |                           |       |        |                               |                           |             |                |
| Unit Number:                                      | it Number: Street Number: |       |        | Street Name: P.               |                           | P.O. Box:   |                |
| 101                                               | 200                       | 200   |        |                               | Ronson Drive              |             |                |
| City/Town: Province:                              |                           |       | ince:  |                               | Country:                  | Postal      | Code:          |
| Toronto ON                                        |                           |       |        |                               | Canada                    | M9B 4       | Г6             |

| Representative Information                                                  |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                |                                                                                                                |                        |                                        |
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| x I hereby authorize the named company and/or individual(s) to represent me |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                |                                                                                                                |                        |                                        |
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| Company Name or Assortincorporation):                                       | ciation Nam                                     | e (Associ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | atio        | on must be in                  | corporated – include copy                                                                                      | of letter              | of                                     |
| Bennett Jones LLP                                                           |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                |                                                                                                                |                        |                                        |
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| jeanriea@bennettjones.co                                                    | om                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                |                                                                                                                |                        |                                        |
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| 416.777.4814                                                                |                                                 | ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | t.          |                                |                                                                                                                |                        |                                        |
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| Toronto                                                                     |                                                 | Ontario                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ontario     |                                | Canada M5X 1A4                                                                                                 |                        | A4                                     |
| written authorization, as                                                   | required by                                     | the OLT F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rul         | les of Practice                | ciety Act, please confirm the and Procedure, to act on ide legal services. Please                              | your be                | half and that                          |
| □ provided my written a understand that my r                                | authorizatio<br>representati                    | n to my re<br>ve may be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | epre<br>e a | esentative to<br>sked to produ | nsed under the Law Societies act on my behalf with respuce this authorization at any-laws to provide legal ser | ect to th<br>ny time a | nd I have<br>is matter. I<br>long with |
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| Location Information                                                        |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                |                                                                                                                |                        |                                        |
| Are you the current owner                                                   | er of the sub                                   | ject prope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | erty        | /? Yes                         |                                                                                                                |                        |                                        |
| Address and/or Legal De                                                     | scription of                                    | property s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | sub         | oject to the ap                | peal:                                                                                                          |                        | HI HILLING P                           |
| Specific policies across t                                                  | he entire M                                     | ajor Stree                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | t C         | PA coverage                    | ).                                                                                                             |                        |                                        |
| Municipality:                                                               | <del>i dining die donning op 1898</del> 0       | US TO THE STATE OF |             |                                |                                                                                                                |                        |                                        |
| City of Toronto                                                             |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                |                                                                                                                |                        |                                        |
| Upper Tier (Example: co                                                     | Upper Tier (Example: county, district, region): |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                |                                                                                                                |                        |                                        |
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| Language Requirements              |    |
|------------------------------------|----|
| Do you require services in French? | No |

| Subject of Appeal |                           |  | Type of Appeal              | Reference        |  |  |
|-------------------|---------------------------|--|-----------------------------|------------------|--|--|
|                   |                           |  | (Act/Legislation Name)      | (Section Number) |  |  |
| Exa               | Example Minor Variance    |  | Minor Variance Planning Act |                  |  |  |
| 1                 | 1 Official Plan Amendment |  | Planning Act                | 17(24)           |  |  |
| 2                 |                           |  |                             |                  |  |  |
| 3                 |                           |  |                             |                  |  |  |
| 4                 |                           |  |                             |                  |  |  |
| 5                 |                           |  |                             |                  |  |  |

# Section 2 – Appeal Type (Mandatory)

| Please s | elect the applicable type of matter                                                                                                                                                                                                                                  |                                       |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Select   | Legislation associated with your matter                                                                                                                                                                                                                              | Complete Only the<br>Section(s) Below |
| Х        | Appeal of <i>Planning Act</i> matters for Official Plans and amendments, Zoning By-Laws and amendments and Plans of Subdivision, Interim Control By-laws, Site Plans, Minor Variances, Consents and Severances                                                       | 3A                                    |
|          | Appeal of Development Charges, Education Act, Aggregate Resources Act,<br>Municipal Act matters                                                                                                                                                                      | 3A                                    |
|          | Appeal of or objection to <i>Ontario Heritage Act</i> matters under subsections 29, 30.1, 31, 32, 33, 40.1 and 41                                                                                                                                                    | 3A                                    |
|          | Appeal of <i>Planning Act</i> (subsections 33(4), 33(10), 33(15), 36(3)), <i>Municipal Act</i> (subsection 223(4)), <i>City of Toronto Act</i> (subsection 129(4)) and <i>Ontario Heritage Act</i> (subsections 34.1(1), 42(6)) matters                              | 3A & 3B                               |
|          | Appeal of Clean Water Act, Environmental Protection Act, Nutrient Management Act, Ontario Water Resources Act, Pesticides Act, Resource Recovery and Circular Economy Act, Safe Drinking Water Act, Toxics Reduction Act, and Waste Diversion Transition Act matters | 4A                                    |
|          | Application for Leave to Appeal under the Environmental Bill of Rights, 1993                                                                                                                                                                                         | 4B                                    |
|          | Appeal under the Niagara Escarpment Planning and Development Act (NEPDA)                                                                                                                                                                                             | 5                                     |

| Appeal of Conservation Authorities Act, Mining Act, Lakes and Rivers<br>Improvement Act, Assessment Act, and Oil, Gas and Salt Resources Act matters | 6                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Legislation not listed above                                                                                                                         | Contact OLT before filing your appeal |

|                                                                                            | 170. K K K   |
|--------------------------------------------------------------------------------------------|--------------|
|                                                                                            |              |
| Section 3A – Planning Matters                                                              |              |
| Annual Descent and Consider Information                                                    |              |
| Appeal Reasons and Specific Information                                                    |              |
| Number of new residential units proposed:                                                  |              |
| To be determined.                                                                          |              |
| Municipal Reference Number(s):                                                             |              |
| 24 122626 STE 10 OZ                                                                        |              |
| List the reasons for your appeal:                                                          |              |
| See attached letter for the reasons for the appeal.                                        |              |
| Has a public meeting been held by the municipality?                                        |              |
| For appeals of Zoning By-law Amendments, please indicate if you will rely on the following | g grounds:   |
| A: A decision of a Council or Approval Authority is:                                       |              |
| Inconsistent with the Provincial Policy Statement issued under subsection 3(1) of the      | Planning Act |
| Fails to conform with or conflicts with a provincial plan                                  |              |
| Fails to conform with an applicable Official Plan                                          |              |
| And                                                                                        |              |
| B: For a non-decision or decision to refuse by council:                                    |              |
| Consistency with the provincial policy statement, issued under subsection 3(1) of the      | Planning Act |
| Conformity with a provincial plan                                                          |              |
| Conformity with the upper-tier municipality's Official Plan or an applicable Official Plan | 1            |

| If it is your intention to argue one or more of the above grounds, please explain your reasons:                                                            |                                  |                                                       |       |                  |          |                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------|-------|------------------|----------|------------------------------------------------------------------------------------------------------|
|                                                                                                                                                            |                                  |                                                       |       |                  |          |                                                                                                      |
|                                                                                                                                                            |                                  |                                                       |       |                  |          |                                                                                                      |
| Oral/Written subm                                                                                                                                          | issio                            | ns to council                                         |       |                  |          |                                                                                                      |
| Did you make you                                                                                                                                           | r opir                           | nions regarding this                                  | mat   | ter known to cou | ncil?    |                                                                                                      |
| Oral submission                                                                                                                                            | ons a                            | at a public meeting o                                 | of co | uncil            |          |                                                                                                      |
| X Written submis                                                                                                                                           | X Written submissions to council |                                                       |       |                  |          |                                                                                                      |
|                                                                                                                                                            |                                  | PSTRANDINISTS CONTRACTORS SOLICE MATERIAL CONTRACTORS |       |                  |          |                                                                                                      |
|                                                                                                                                                            |                                  |                                                       |       |                  |          |                                                                                                      |
| Related Matters                                                                                                                                            |                                  |                                                       |       |                  |          |                                                                                                      |
| Are there other ap                                                                                                                                         | peals                            | s not yet filed with th                               | e M   | unicipality?     |          |                                                                                                      |
| No                                                                                                                                                         |                                  |                                                       |       |                  |          |                                                                                                      |
| Are there other ma application).                                                                                                                           | atters                           | related to this appe                                  | eal?  | (For example: A  | cons     | sent application connected to a variance                                                             |
| Yes                                                                                                                                                        |                                  |                                                       |       |                  | - Julius |                                                                                                      |
| If yes, please prov related matters:                                                                                                                       | ide t                            | he Ontario Land Trik                                  | ouna  | l Case Number(   | s) ar    | nd/or Municipal File Number(s) for the                                                               |
| 20-175353 STE<br>zoning by-law                                                                                                                             |                                  | TM We are ap                                          | -     | lling the com    | pan      | ion implementing                                                                                     |
|                                                                                                                                                            |                                  |                                                       |       |                  |          |                                                                                                      |
|                                                                                                                                                            |                                  |                                                       |       |                  |          |                                                                                                      |
| Section 7 – Filing                                                                                                                                         | ree                              |                                                       |       |                  |          |                                                                                                      |
| Required Fee                                                                                                                                               |                                  |                                                       |       |                  |          |                                                                                                      |
|                                                                                                                                                            | ache                             | ed link to view the Ol                                | TF    | ee Chart.        |          |                                                                                                      |
| Total Fee Submitte                                                                                                                                         |                                  | \$1,100                                               |       |                  |          |                                                                                                      |
| Payment Method                                                                                                                                             |                                  | Certified Cheque                                      |       | Money Order      |          | Lawyer's general or trust account cheque                                                             |
| - ayment wethou                                                                                                                                            |                                  | Credit Card                                           |       | Wildriey Gradi   |          | Lawyor o gorioral or tract decount cheque                                                            |
|                                                                                                                                                            | X                                |                                                       |       |                  |          |                                                                                                      |
| by telephone to co                                                                                                                                         | mple<br>IFOF                     | ete the payment pro                                   | cess  | upon receipt of  | the      | box above and OLT staff will contact you appeal form. DO NOT INCLUDE YOUR CONTACTED TO COMPLETE YOUR |
| If a request for a fee reduction is being requested, please pay the minimum filing fee for each appeal and complete/submit the Fee Reduction request form. |                                  |                                                       |       |                  |          |                                                                                                      |

☐ Request for Fee Reduction form is attached (if applicable – see Appeal Form Guide for more information)

### Section 8 – Declaration (Mandatory)

#### Declaration

I solemnly declare that all the statements and the information provided, as well as any supporting documents, are true, correct and complete.

By signing this appeal form below, I consent to the collection of my personal information.

| Name of Appellant/Representative | Signature of Appellant/Representative | Date (yyyy/mm/dd) |
|----------------------------------|---------------------------------------|-------------------|
| Andrew Jeanrie                   | DocuSigned by: Andrew Jeanner         | 25-Jul-2024       |

Personal information or documentation requested on this form is collected under the authority of the *Ontario Land Tribunal Act* and the legislation under which the proceeding is commenced. All information collected is included in the Ontario Land Tribunal (OLT) case file and the public record in this proceeding. In accordance with the *Freedom of Information and Protection of Privacy Act* and section 9 of the *Statutory Powers Procedure Act*, all information collected is available to the public subject to limited exceptions.

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 at OLT.Coordinator@ontario.ca or toll free at 1-866-448-2248 as soon as possible.

## Section 9 - Filing Checklists (Mandatory)

#### Filing/Submitting your form and documentation

You must file your Appeal Form with the appropriate authority(s) by the filing deadline.

| If the completed Section is: | Refer to the relevant checklist and submit all documents listed on the checklist when filing your Appeal Form. |
|------------------------------|----------------------------------------------------------------------------------------------------------------|
| Section 3B                   | Review the Section 3B Checklist(s) and attach all listed documents.                                            |
| Section 4A                   | Review the Section 4A Checklist(s) and attach all listed documents.                                            |
| Section 4B                   | Review the Section 4B Checklist(s) and attach all listed documents.                                            |

| If the completed Section is: | You must file with the following:                                              |
|------------------------------|--------------------------------------------------------------------------------|
| Section 3A                   | Municipality or the Approval Authority/School Board                            |
| Geotion 5A                   | *If you are filing under the Ontario Heritage Act, including under s. 34.1(1), |

|                                                          | please carefully review the specific section of that legislation to determine if your appeal needs to be filed with the Tribunal <u>in addition</u> to the Municipality or Approval Authority.                                                                                                                          |                                                                                                                                                                                                                                                                                            |  |  |  |  |  |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Section 3A & 3B or Section 4A or Section 4B or Section 6 | Ontario Land Tribunal 655 Bay Street, Suite 1500 Toronto, ON M5G 1E5                                                                                                                                                                                                                                                    | Phone: 416-212-6349   1-866-448-2248<br>Website: <u>www.olt.gov.on.ca</u>                                                                                                                                                                                                                  |  |  |  |  |  |
| Section 5                                                | For the Areas of:  Dufferin County (Mono)  Region of Halton  Region of Peel  Region of Niagara  City of Hamilton  File with:  NIAGARA ESCARPMENT COMMISSION  232 Guelph Street, 3rd Floor  Georgetown, ON L7G 4B1  Phone: 905-877-5191  Fax: 905-873-7452  Website: www.escarpment.org  Email: necgeorgetown@ontario.ca | For the Areas of:  Bruce County  Grey County  Simcoe County  Dufferin County (Mulmur, Melancthon)  File with:  NIAGARA ESCARPMENT COMMISSION  1450 7th Avenue  Owen Sound, ON N4K 2Z1  Phone: 519-371-1001  Fax: 519-371-1009  Website: www.escarpment.org  Email: necowensound@ontario.ca |  |  |  |  |  |

**NOTE:** Please review the notice of the decision you are appealing to determine the appeal deadline and the specific official with whom the appeal should be filed (e.g. Secretary-Treasurer, Clerk, Minister, Ontario Land Tribunal).

**NOTE:** Relevant portions of the applicable legislation should be reviewed before submitting this form. Please ensure that a copy of this Appeal Form is served in accordance with the requirements of the applicable legislation.



# **Ontario Land Tribunal**

655 Bay Street, Suite 1500, Toronto, ON M5G 1E5 Tel: 416-212-6349 | 1-866-448-2248 Web Site: olt.gov.on.ca

# Appeal Form (A1)

# Municipal/Approval Authority Date Stamp

| Receipt Number<br>(OLT Office Use Only)  |
|------------------------------------------|
| OLT Case Number<br>(OLT Office Use Only) |
|                                          |

| Date Stamp – Appeal Received by OLT |  |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|--|
|                                     |  |  |  |  |  |  |  |  |
|                                     |  |  |  |  |  |  |  |  |
|                                     |  |  |  |  |  |  |  |  |
|                                     |  |  |  |  |  |  |  |  |

Please complete this Appeal Form by following the instructions in the companion document titled "Appeal Form Instructions". Please review the notice of the decision you are appealing to determine the appeal deadline and the specific official with whom the appeal should be filed (e.g. Secretary-Treasurer, Clerk, Minister, Ontario Land Tribunal) prior to completing this Appeal Form. Relevant portions of the applicable legislation should also be reviewed before submitting this form. Your appeal must be filed with the appropriate authority within the appeal period as set out in the notice of the decision and applicable legislation.

## Section 1 – Contact Information (Mandatory)

| Applicant/Appellant/Object  | tor/Claiman | t Infor | mation       | n                             |                           |             |                 |
|-----------------------------|-------------|---------|--------------|-------------------------------|---------------------------|-------------|-----------------|
| Last Name:                  |             |         |              |                               | First Name:               |             |                 |
| Di Ciano                    |             |         |              |                               | Justin                    |             |                 |
| Company Name/Associa        | tion Name ( | Assoc   | iation i     | must be incor                 | porated – include copy of | letter of i | incorporation): |
| 2856973 Ontario Inc.        |             |         |              |                               |                           |             |                 |
| Email Address:              |             |         |              |                               |                           |             |                 |
| justin@prggroup.ca          |             |         |              |                               |                           |             |                 |
| Daytime Telephone Number:   |             |         |              | Alternative Telephone Number: |                           |             |                 |
| 437-914-9062 ext.           |             |         |              |                               |                           |             |                 |
| Mailing Address             |             |         |              |                               |                           |             |                 |
| Unit Number: Street Number: |             |         | Street Name: |                               | P.O. Box:                 |             |                 |
| 101 200 F                   |             |         | Ronson Drive |                               |                           |             |                 |
| City/Town: Province         |             |         | ince:        |                               | Country:                  | Postal      | Code:           |
| Toronto ON                  |             |         |              |                               | Canada                    | M9B 4T6     |                 |

| Representative Information                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                         |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| x I hereby authorize the named company and/or individual(s) to represent me                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                         |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
| Last Name:                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                         |                                                                                  | First Name:               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
| Jeanrie                                                                                                                                                                                                                                                                                                                                                                                                          | 300                                                              |                                         |                                                                                  | Andrew                    | SIMILITATION OF THE STATE OF TH |           |  |
| Company Name or Asso incorporation):                                                                                                                                                                                                                                                                                                                                                                             | ciation Nam                                                      | e (Associat                             | ion must be in                                                                   | corporated – include copy | of letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of        |  |
| Bennett Jones LLP                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                         |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
| Email Address:                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                         |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
| jeanriea@bennettjones.c                                                                                                                                                                                                                                                                                                                                                                                          | om                                                               | ere estimates este established (co      | <del>uddinideliyatisteesis daasis aasaa saasaa saasaa saasaa saasaa saasaa</del> |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
| Daytime Telephone Num                                                                                                                                                                                                                                                                                                                                                                                            | ber:                                                             |                                         |                                                                                  | Alternative Telephone Nu  | ımber:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |  |
| 416.777.4814                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  | ext.                                    |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                  | nati (du Georgiana) katurna (esakuturus                          | an kara-an karaman da manaya ar a an da |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
| Unit Number:                                                                                                                                                                                                                                                                                                                                                                                                     | Street Nur                                                       | mber:                                   | Street Nam                                                                       | e:                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P.O. Box: |  |
| 3400                                                                                                                                                                                                                                                                                                                                                                                                             | 100                                                              |                                         | King Street                                                                      | et West                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
| City/Town:                                                                                                                                                                                                                                                                                                                                                                                                       | L                                                                | Province:                               |                                                                                  | Country: Pos              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tal Code: |  |
| Toronto                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  | Ontario                                 |                                                                                  | Canada                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M5X 1A4   |  |
| Note: If your representative is not licensed under the Law Society Act, please confirm that they have your written authorization, as required by the OLT Rules of Practice and Procedure, to act on your behalf and that they are also exempt under the Law Society's by-laws to provide legal services. Please confirm this by checking the box below.                                                          |                                                                  |                                         |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
| I certify that I understand that my representative is not licensed under the Law Society Act and I have provided my written authorization to my representative to act on my behalf with respect to this matter. I understand that my representative may be asked to produce this authorization at any time along with confirmation of their exemption under the Law Society's by-laws to provide legal services. |                                                                  |                                         |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
| Location Information                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                         |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                  | er of the sub                                                    | iect propert                            | y? Yes                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                         |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
| Address and/or Legal Description of property subject to the appeal:                                                                                                                                                                                                                                                                                                                                              |                                                                  |                                         |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
| Specific lands within the boundaries of the Major Street Zoning By-law  Municipality:                                                                                                                                                                                                                                                                                                                            |                                                                  |                                         |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                         |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                  | City of Toronto  Upper Tier (Example: county, district, region): |                                         |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
| opper fier (Example, co                                                                                                                                                                                                                                                                                                                                                                                          | unty, district                                                   | ., region).                             |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                         |                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |

| Language Requirements              |    |
|------------------------------------|----|
| Do you require services in French? | No |

| To f              | To file an appeal, please complete the section below. Complete one line for each appeal type |                  |                        |                  |  |  |  |
|-------------------|----------------------------------------------------------------------------------------------|------------------|------------------------|------------------|--|--|--|
| Subject of Appeal |                                                                                              |                  | Type of Appeal         | Reference        |  |  |  |
| Subject of Appeal |                                                                                              | dbject of Appeal | (Act/Legislation Name) | (Section Number) |  |  |  |
| Exa               | mple                                                                                         | Minor Variance   | Planning Act           | 45(12)           |  |  |  |
| 1                 | Zoning By law Amendment                                                                      |                  | Planning Act           | 34(19)           |  |  |  |
| 2                 |                                                                                              |                  |                        |                  |  |  |  |
| 3                 |                                                                                              |                  |                        |                  |  |  |  |
| 4                 |                                                                                              |                  |                        |                  |  |  |  |
| 5                 |                                                                                              |                  |                        |                  |  |  |  |

# Section 2 – Appeal Type (Mandatory)

| Please s | Please select the applicable type of matter                                                                                                                                                                                                                          |                                       |  |  |  |  |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--|--|--|--|
| Select   | Legislation associated with your matter                                                                                                                                                                                                                              | Complete Only the<br>Section(s) Below |  |  |  |  |
| Х        | Appeal of <i>Planning Act</i> matters for Official Plans and amendments, Zoning By-Laws and amendments and Plans of Subdivision, Interim Control By-laws, Site Plans, Minor Variances, Consents and Severances                                                       | ЗА                                    |  |  |  |  |
|          | Appeal of Development Charges, Education Act, Aggregate Resources Act,<br>Municipal Act matters                                                                                                                                                                      | 3A                                    |  |  |  |  |
|          | Appeal of or objection to <i>Ontario Heritage Act</i> matters under subsections 29, 30.1, 31, 32, 33, 40.1 and 41                                                                                                                                                    | ЗА                                    |  |  |  |  |
|          | Appeal of <i>Planning Act</i> (subsections 33(4), 33(10), 33(15), 36(3)), <i>Municipal Act</i> (subsection 223(4)), <i>City of Toronto Act</i> (subsection 129(4)) and <i>Ontario Heritage Act</i> (subsections 34.1(1), 42(6)) matters                              | 3A & 3B                               |  |  |  |  |
|          | Appeal of Clean Water Act, Environmental Protection Act, Nutrient Management Act, Ontario Water Resources Act, Pesticides Act, Resource Recovery and Circular Economy Act, Safe Drinking Water Act, Toxics Reduction Act, and Waste Diversion Transition Act matters | 4A                                    |  |  |  |  |
|          | Application for Leave to Appeal under the Environmental Bill of Rights, 1993                                                                                                                                                                                         | 4B                                    |  |  |  |  |
|          | Appeal under the Niagara Escarpment Planning and Development Act (NEPDA)                                                                                                                                                                                             | 5                                     |  |  |  |  |

| Appeal of Conservation Authorities Act, Mining Act, Lakes and Rivers Improvement Act, Assessment Act, and Oil, Gas and Salt Resources Act matters | 6                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Legislation not listed above                                                                                                                      | Contact OLT before filing your appeal |

|                                                                                            | Legislation not listed above                                                               | filing your appeal |  |  |  |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------|--|--|--|
| Section                                                                                    | 3A – Planning Matters                                                                      |                    |  |  |  |
| Section                                                                                    | DA - Flamming Matters                                                                      |                    |  |  |  |
| Appeal F                                                                                   | Reasons and Specific Information                                                           |                    |  |  |  |
| Number                                                                                     | of new residential units proposed:                                                         |                    |  |  |  |
|                                                                                            |                                                                                            |                    |  |  |  |
| Municipa                                                                                   | al Reference Number(s):                                                                    |                    |  |  |  |
| 20 175                                                                                     | 353 STE 10 TM                                                                              |                    |  |  |  |
| List the r                                                                                 | easons for your appeal:                                                                    |                    |  |  |  |
|                                                                                            |                                                                                            |                    |  |  |  |
|                                                                                            |                                                                                            |                    |  |  |  |
|                                                                                            |                                                                                            |                    |  |  |  |
| See at                                                                                     | tached letter for the reasons for the appeal.                                              |                    |  |  |  |
|                                                                                            |                                                                                            |                    |  |  |  |
|                                                                                            |                                                                                            |                    |  |  |  |
|                                                                                            |                                                                                            |                    |  |  |  |
|                                                                                            |                                                                                            |                    |  |  |  |
|                                                                                            | iblic meeting been held by the municipality?  YES                                          |                    |  |  |  |
|                                                                                            | eals of Zoning By-law Amendments, please indicate if you will rely on the following        | g grounds:         |  |  |  |
|                                                                                            | cision of a Council or Approval Authority is:                                              |                    |  |  |  |
|                                                                                            | onsistent with the Provincial Policy Statement issued under subsection 3(1) of the         | Planning Act       |  |  |  |
| X Fail                                                                                     | s to conform with or conflicts with a provincial plan                                      |                    |  |  |  |
|                                                                                            | s to conform with an applicable Official Plan                                              |                    |  |  |  |
| And                                                                                        |                                                                                            |                    |  |  |  |
|                                                                                            | non-decision or decision to refuse by council:                                             |                    |  |  |  |
|                                                                                            | ency with the provincial policy statement, issued under subsection 3(1) of the <i>Plan</i> | ınıng Act          |  |  |  |
|                                                                                            | ity with a provincial plan                                                                 |                    |  |  |  |
| Conformity with the upper-tier municipality's Official Plan or an applicable Official Plan |                                                                                            |                    |  |  |  |

| If it is your intention to argue one or more of the above grounds, please explain your reasons:                                                            |                                                                 |                                                    |             |                                                                                                                |          |                                                                                                      |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------|--|--|--|
| See attached appeal letter for an explanation of the reasons.                                                                                              |                                                                 |                                                    |             |                                                                                                                |          |                                                                                                      |  |  |  |
|                                                                                                                                                            |                                                                 |                                                    |             |                                                                                                                |          |                                                                                                      |  |  |  |
| Oral/Written subm                                                                                                                                          | issio                                                           | ns to council                                      |             |                                                                                                                |          |                                                                                                      |  |  |  |
| Did you make you                                                                                                                                           | r opii                                                          | nions regarding this                               | mat         | ter known to cou                                                                                               | ncil?    |                                                                                                      |  |  |  |
| Oral submission                                                                                                                                            | Oral submissions at a public meeting of council                 |                                                    |             |                                                                                                                |          |                                                                                                      |  |  |  |
| X Written submi                                                                                                                                            | X Written submissions to council                                |                                                    |             |                                                                                                                |          |                                                                                                      |  |  |  |
|                                                                                                                                                            |                                                                 |                                                    |             |                                                                                                                |          |                                                                                                      |  |  |  |
|                                                                                                                                                            |                                                                 |                                                    |             |                                                                                                                |          |                                                                                                      |  |  |  |
| Related Matters                                                                                                                                            |                                                                 |                                                    |             |                                                                                                                |          |                                                                                                      |  |  |  |
| Are there other ap                                                                                                                                         | peals                                                           | s not yet filed with th                            | ie M        | unicipality?                                                                                                   |          |                                                                                                      |  |  |  |
| No                                                                                                                                                         |                                                                 |                                                    |             | e Calmida de la Calmida de |          |                                                                                                      |  |  |  |
| Are there other ma application).                                                                                                                           | atters                                                          | related to this appe                               | eal?        | (For example: A                                                                                                | con      | sent application connected to a variance                                                             |  |  |  |
| Yes                                                                                                                                                        |                                                                 |                                                    |             | nya sa tanun ara an                                                        | 1999     |                                                                                                      |  |  |  |
| If yes, please prov<br>related matters:                                                                                                                    | ide t                                                           | he Ontario Land Tril                               | ouna        | al Case Number(                                                                                                | s) ar    | nd/or Municipal File Number(s) for the                                                               |  |  |  |
| 24 122626 STE as well.                                                                                                                                     | 10 (                                                            | OZ We are ap                                       | pea         | aling the imp                                                                                                  | lem      | enting official plan amendment                                                                       |  |  |  |
|                                                                                                                                                            |                                                                 |                                                    |             |                                                                                                                |          |                                                                                                      |  |  |  |
|                                                                                                                                                            |                                                                 |                                                    | A-88-74     |                                                                                                                |          |                                                                                                      |  |  |  |
| Section 7 – Filing I                                                                                                                                       | Fee                                                             |                                                    |             |                                                                                                                |          |                                                                                                      |  |  |  |
| Required Fee                                                                                                                                               |                                                                 |                                                    |             |                                                                                                                |          |                                                                                                      |  |  |  |
|                                                                                                                                                            |                                                                 | الم علا بيون عمر المالم                            | <u> </u>    | a Chart                                                                                                        |          |                                                                                                      |  |  |  |
|                                                                                                                                                            | Please see the attached link to view the <u>OLT Fee Chart</u> . |                                                    |             |                                                                                                                |          |                                                                                                      |  |  |  |
| Total Fee Submitted: \$1,100                                                                                                                               |                                                                 |                                                    |             |                                                                                                                |          |                                                                                                      |  |  |  |
| Payment Method                                                                                                                                             |                                                                 | Certified Cheque                                   |             | Money Order                                                                                                    |          | Lawyer's general or trust account cheque                                                             |  |  |  |
|                                                                                                                                                            | Х                                                               | Credit Card                                        |             |                                                                                                                |          |                                                                                                      |  |  |  |
| by telephone to co<br>CREDIT CARD IN<br>PAYMENT OVER                                                                                                       | mple<br>FOR<br>THE                                              | ete the payment pro<br>RMATION ON THIS<br>E PHONE. | cess<br>FOF | s upon receipt of<br>RM. YOU WILL                                                                              | the BE C | box above and OLT staff will contact you appeal form. DO NOT INCLUDE YOUR CONTACTED TO COMPLETE YOUR |  |  |  |
| If a request for a fee reduction is being requested, please pay the minimum filing fee for each appeal and complete/submit the Fee Reduction request form. |                                                                 |                                                    |             |                                                                                                                |          |                                                                                                      |  |  |  |

☐ Request for Fee Reduction form is attached (if applicable – see Appeal Form Guide for more information)

### Section 8 – Declaration (Mandatory)

#### Declaration

I solemnly declare that all the statements and the information provided, as well as any supporting documents, are true, correct and complete.

By signing this appeal form below, I consent to the collection of my personal information.

| Name of Appellant/Representative | Signature of Appellant/Representative        | Date (yyyy/mm/dd) |
|----------------------------------|----------------------------------------------|-------------------|
| Andrew Jeanrie                   | DocuSigned by: Andree Granee C519759445444D7 | 25-Jul-2024       |

Personal information or documentation requested on this form is collected under the authority of the *Ontario Land Tribunal Act* and the legislation under which the proceeding is commenced. All information collected is included in the Ontario Land Tribunal (OLT) case file and the public record in this proceeding. In accordance with the *Freedom of Information and Protection of Privacy Act* and section 9 of the *Statutory Powers Procedure Act*, all information collected is available to the public subject to limited exceptions.

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 at <a href="https://occessibility.com/ontario.ca">OLT.Coordinator@ontario.ca</a> or toll free at 1-866-448-2248 as soon as possible.

### Section 9 - Filing Checklists (Mandatory)

#### Filing/Submitting your form and documentation

You must file your Appeal Form with the appropriate authority(s) by the filing deadline.

| If the completed Section is: | Refer to the relevant checklist and submit all documents listed on the checklist when filing your Appeal Form. |  |
|------------------------------|----------------------------------------------------------------------------------------------------------------|--|
| Section 3B                   | Review the Section 3B Checklist(s) and attach all listed documents.                                            |  |
| Section 4A                   | Review the Section 4A Checklist(s) and attach all listed documents.                                            |  |
| Section 4B                   | Review the Section 4B Checklist(s) and attach all listed documents.                                            |  |

| If the completed Section is: | You must file with the following:                                              |  |
|------------------------------|--------------------------------------------------------------------------------|--|
| Section 3A                   | Municipality or the Approval Authority/School Board                            |  |
| Coolin o/ (                  | *If you are filing under the Ontario Heritage Act, including under s. 34.1(1), |  |

|                                                          | please carefully review the specific section of that legislation to determine if your appeal needs to be filed with the Tribunal <u>in addition</u> to the Municipality or Approval Authority.                                                            |                                                                                                                                                                                                                               |  |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Section 3A & 3B or Section 4A or Section 4B or Section 6 | Ontario Land Tribunal 655 Bay Street, Suite 1500 Toronto, ON M5G 1E5                                                                                                                                                                                      | Phone: 416-212-6349   1-866-448-2248<br>Website: <u>www.olt.gov.on.ca</u>                                                                                                                                                     |  |
| Section 5                                                | For the Areas of:  Dufferin County (Mono)  Region of Halton  Region of Peel  Region of Niagara  City of Hamilton  File with:  NIAGARA ESCARPMENT COMMISSION  232 Guelph Street, 3rd Floor  Georgetown, ON L7G 4B1  Phone: 905-877-5191  Fax: 905-873-7452 | For the Areas of:  Bruce County  Grey County  Simcoe County  Dufferin County (Mulmur, Melancthon)  File with:  NIAGARA ESCARPMENT COMMISSION  1450 7th Avenue  Owen Sound, ON N4K 2Z1  Phone: 519-371-1001  Fax: 519-371-1009 |  |
|                                                          | Website: <a href="mailto:www.escarpment.org">www.escarpment.org</a> Email: <a href="mailto:necgeorgetown@ontario.ca">necgeorgetown@ontario.ca</a>                                                                                                         | Website: <a href="mailto:www.escarpment.org">www.escarpment.org</a> Email: <a href="mailto:necowensound@ontario.ca">necowensound@ontario.ca</a>                                                                               |  |

**NOTE:** Please review the notice of the decision you are appealing to determine the appeal deadline and the specific official with whom the appeal should be filed (e.g. Secretary-Treasurer, Clerk, Minister, Ontario Land Tribunal).

**NOTE:** Relevant portions of the applicable legislation should be reviewed before submitting this form. Please ensure that a copy of this Appeal Form is served in accordance with the requirements of the applicable legislation.