

Reference Number (TLAB Office Use Only)

Material and information is to be forwarded to the Toronto Local Appeal Body (TLAB) by the Secretary-Treasurer under the following subsection of the Planning Act, R.S.O. 1990, c. P. 13, as amended. Please complete all sections of the submission form.

The information collected on this form is considered to be a public record as defined by section 27 of the Municipal Freedom of Information and Protection of Privacy Act. The legal authority to make the information public is section 1.0.1. of the Planning Act. Questions about this form can be directed to the Manager, Planning & Liaison, Court Services, 137 Edward Street, 2nd Floor, Toronto, Ontario M5G 2P1 or by telephone at 416-338-7320.

| SUBJECT OF APPEAL | TYPE OF APPEAL | PLANNING ACT REFERENCE (SECTION) |
|---------------------------|---|--|
| Planning Act Section 45 | Appeal against a decision of the Committee of Adjustment to approve or refuse the application | 45 (12) |
| Committee of Adjustment P | anel Committee of Adjustment F | ile Number |

| Part 2: Committee of Adjustmen | nt Contact Infor | mation | |
|--------------------------------|------------------|-----------|------------------|
| First Name | | Last Name | |
| Professional Title | Email | | Telephone Number |

| Part 3: Location | Information | | |
|--|-------------|-------------|-------------|
| Address and/or Legal Description of property subject to the appeal | | | |
| | | | |
| Street Number | Street Name | Postal Code | Ward Number |
| | | | |

| Part 4: Related Matters | | |
|--|-------|-----------------|
| Is this appeal connected with a consent application? | T YES | NO |
| If yes, has a decision on the consent application been appealed to the TLAB? | T YES | □ _{NO} |
| If yes, has any decision on any other application been appealed to the OMB ? | T YES | □ NO |

| Consent (s.53 Planning Act) Committee of Adjustment File Number (if applicable | Consent TLAB File Number (if a | oplicable) |
|--|-----------------------------------|-----------------------|
| If the decision on the consent application has not been appeadate on which the consent approval lapses (yyyy-mm-dd) | led to the Toronto Local Appeal B | ody, please enter the |
| If consent application has not been appeal, a copy of the cons this submission form. | sent application is appended to | YES NO |
| Is there any reason this appeal under section 45 cannot proce | eed? | YES NO |

| Part 5: Original Application Information | | | | |
|--|--|--|--|--|
| Zoning By-law(s): Number and Particular Sections | Date Application Submitted To Committee of Adjustment (yyyy-mm-dd) | | | |
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| | | | | |
| Does the by-law seeking to be varied have site specific performance standards? | | | | |
| YES NO | | | | |
| Give a brief outline of the original application and the issues raised in the appeal(s): | | | | |
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| Are there other matters, bylaws or conditions impacted by the | e original application? If yes, please specify. | | | |
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| Part 6: City of Toronto Leg | al Representative Inf | ormation | | |
|-----------------------------|-----------------------|-----------|------------------|-----------------|
| First Name | | Last Name | | |
| Professional Title | Email | | Telephone Number | |
| Part 7: Required Fee | | | | |
| Total Fee Received | | | | |
| Proof of Payment Provided? | | | T YES | □ _{NO} |

Part 8: Confirmation

The last date for filing notice of appeal to Secretary-Treasurer Date (yyyy-mm-dd)

١,

Name of Secretary-Treasurer

confirm that, in accordance to subsection 45 (10) of the Planning Act and no later than ten (10) days following the making of the Committee's decision in this matter, made certified copies of the decision and sent a copy:

- to the Minister, if the Minister has notified the Committee by registered mail that he or she wishes to receive a copy of all decisions of the Committee;
- ☐ the applicant;
- □ each person who appeared in person or by a representative at the hearing and who filed with the Secretary-Treasurer a written request for notice of the decision,

together with a notice of the last day to appealing to the Toronto Local Appeal Body.

Signature of Secretary- Treasurer

Part 9: List the names and addresses of all persons, offices and agencies who were sent a copy of the Committee of Adjustment's decision.

| LAST NAME, First Name | Email | Address | Telephone Number |
|-----------------------|-------|---------|------------------|
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| I confirm that I have submitted the following materials in electronic format with this form. True copy of each notice of appeal received and reasons for appeal with indication of the date on which each notice was filed. |
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| Attach a list of the names, email, addresses and telephone numbers of all appellants. |
| Certified copy of the original application. |
| Certified Copy Decision of the Committee of Adjustment with reasons and the date the decision was made. |
| Copy of Authorization, if application made by other than the owner. |
| Copy of minutes of Committee of Adjustment hearing. |
| Copy of all photographs, plans and sketches considered by the Committee. |
| Copy of any planning or other report considered by the Committee, if applicable. |
| Copy of all written submissions and comments received by the Committee from any persons, officials and agencies. |
| Copy of any other materials or submissions filed with the Committee of Adjustment. |
| Copy of relevant extracts from the Official Plan. |
| Copy of relevant extracts from applicable Zoning By-law(s). |
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