

Applicant's Disclosure Form 3

Questions or concerns about this form or process can be directed to the Toronto Local Appeal Body by telephone 416-392-4697 or by email at tlab@toronto.ca.

The information collected on this form is considered to be a public record. The legal authority to make the information public is section 1.0.1. of the Planning Act. As stated at Section 27 of the Municipal Freedom of Information and Privacy Act, the privacy provisions of Part 2 of the Act would not apply to any information collected on the form. Questions of this collection can be directed to the Manager of Planning & Liaison, Court Services, 137 Edward Street, 2nd Floor, Toronto, Ontario M5G 2P1 or by telephone at 416-338-7320.

Part 1: Party Information

First Name		Last Name	
<input type="checkbox"/> Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.			
Single Name			
Corporation Name or Association Name (Association must be incorporated)			
Position Title (if applicable)		Email	
Street Number	Street Name		Suite/Unit Number
City/Town		Province	Postal Code
Telephone Number		Mobile Number	

Part 2: Appeal Information

TLAB Case File Number	Scheduled Hearing Date (yyyy-mm-dd)
Required Applicant's Disclosure Date (yyyy-mm-dd)	

Part 3: Proposed Revisions to the original application as heard by the Committee of Adjustment

<p>Provide all the intended alterations, changes, revisions or modifications to the application that was made to the Committee of Adjustment together with a brief explanation. Applicants are responsible for identifying variances correctly and fully.</p> <p>The purpose of this disclosure is to identify changes that may be relevant to a party or participant in assessing their position.</p> <p>Note: Materials in support must be served and filed electronically in accordance with TLAB Rules and Practice Directions.</p>

Applicant's Disclosure Form 3

Part 3: Proposed Revisions to the original application as heard by the Committee of Adjustment

(Continued from Page 1)

Declaration by the Applicant

These are the only revisions proposed.

Applicant Signature

Date (yyyy-mm-dd)