



**THE CORPORATION OF THE CITY OF WELLAND  
COMMITTEE OF ADJUSTMENT  
THE PLANNING ACT**

**APPLICATION FOR MINOR VARIANCE TO SIGN BY-LAW,  
FENCE BY-LAW OR POOL ENCLOSURE BY-LAW**

**(NOTE: PRIOR TO COMPLETING THIS FORM, THE APPLICANT SHOULD READ THE  
ATTACHED SUBMISSION REQUIREMENTS)**

<b>FOR OFFICE USE ONLY:</b>	
<b>APPLICATION FEES</b>	
MINOR VARIANCE OR PERMISSION	\$700.00
RESCHEDULING OF MINOR VARIANCE OR PERMISSION APPLICATION	\$400.00
DATE RECEIVED:	_____
DATE FEE RECEIVED:	_____
OTHER FEE RECEIVED:	_____
DATE OF COMPLETED APPLICATION:	_____
APPLICATION REVIEWED BY:	_____
DATE:	_____

Please submit one (1) copy of a 'completed' application, one (1) copy of a 'sketch/plan' drawn to scale, one (1) copy of an elevation sketch, one (1) copy of the 'Deed' together with the required fee(s) and other required information

To: City of Welland  
Secretary-Treasurer  
Committee of Adjustment  
60 East Main Street  
Welland, Ontario. L3B 3X4  
Telephone: 905-735-1700  
Fax: 905-735-8772  
www.welland.ca

THIS APPLICATION IS SUBMITTED FOR RELIEF FROM THE PROVISIONS OF THE FOLLOWING BY-LAWS: (please check)

- SIGN BY-LAW 2005-21, AS AMENDED**
- FENCE BY-LAW 10545, AS AMENDED**
- POOL ENCLOSURE BY-LAW 2010-119**

1. Registered Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Owner's Solicitor (if any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Authorized Agent (if any): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Name of Mortgagee/Chargee (if any): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Address of subject property (street and street number) \_\_\_\_\_

6. Legal description of subject lands (registered plan number and lot number or other legal description)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Current Official Plan designation of lands \_\_\_\_\_

8. Current Zoning of \_\_\_\_\_ By-law No. \_\_\_\_\_  
 lands \_\_\_\_\_

9. (a) Existing land use of the subject property \_\_\_\_\_

(b) Proposed land use of the subject property \_\_\_\_\_

10. Describe the nature and extent of relief applied for:

BY-LAW SECTION	BY-LAW REQUIREMENT	REQUESTED VARIANCE

\_\_\_\_\_  
 \_\_\_\_\_

11. Why is it not possible to comply with the provisions of the by-law?

12. Dimensions of the lands affected: Frontage \_\_\_\_\_ Metres  
(metric measurement) Depth \_\_\_\_\_ Metres  
Area \_\_\_\_\_ square metres  
Width of Street \_\_\_\_\_ Metres

13. For all existing buildings or structures, the following information is required: (metric measurement)

	1	2	3
<b>Type of Building (House, Garage, Accessory, Commercial Building)</b>			
Front Yard Setback	m	m	m
Rear Yard Setback	m	m	M
Side Yard Setback	(N,S,E,W) m	(N,S,E,W) m	(N,S,E,W) m
Side Yard Setback	(N,S,E,W) m	(N,S,E,W) m	(N,S,E,W) m

14. For all proposed buildings or structures, the following information is required: (metric measurement)

	1	2	3
<b>Type of Building (House, Garage, Accessory, Commercial Building)</b>			
Front Yard Setback	m	m	m
Rear Yard Setback	m	m	M
Side Yard Setback	(N,S,E,W) m	(N,S,E,W) m	(N,S,E,W) m
Side Yard Setback	(N,S,E,W) m	(N,S,E,W) m	(N,S,E,W) m

15. Type of access to subject lands:

- |   |  |
|---|--|
| <input type="checkbox"/> Provincial Highway                   | <input type="checkbox"/> Other Public Road |
| <input type="checkbox"/> Municipal Road maintained all year   | <input type="checkbox"/> Right-of-Way      |
| <input type="checkbox"/> Municipal Road maintained seasonally | <input type="checkbox"/> Water access      |
| <input type="checkbox"/> Regional Road                        | <input type="checkbox"/> Private Road      |

16. If access to the subject land is by water only, describe parking and docking facilities used or to be used and the approximate distance between these facilities and the nearest public road.

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17. Date of acquisition of land by current Owner \_\_\_\_\_

18. Date of construction of all existing buildings and structures \_\_\_\_\_

19. Existing uses of abutting properties \_\_\_\_\_

20. Length of time existing uses of the subject property have continued \_\_\_\_\_

21. What type of water supply exists or is proposed:

- |   |   |
|---|---|
| <input type="checkbox"/> Publicly owned and operated system | <input type="checkbox"/> Lake or other water body |
| <input type="checkbox"/> Well (private or communal)         | <input type="checkbox"/> Other (specify) _____    |

22. What type of sewage disposal exists or is proposed?

- |  |  |
|--|--|
| <input type="checkbox"/> Publicly owned and operated system  | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Septic system (private or communal) |  |

23. What type of storm drainage is provided?

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Sewers  | <input type="checkbox"/> Swales                |
| <input type="checkbox"/> Ditches | <input type="checkbox"/> Other (specify) _____ |

24. If known, whether the subject land has ever been the subject of an application for variance

- Yes  No

If the answer is Yes, provide file number(s) and briefly describe.

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25. Complete the Consent of the Owner concerning personal information set out below

**CONSENT OF OWNER TO THE USE AND  
DISCLOSURE OF PERSONAL INFORMATION**

I, We \_\_\_\_\_ am the Owner of the land that is the subject of this  
(PRINT NAME)

application for a Minor Variance and for the purposes of the Freedom of Information and Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Planning Act for the purposes of processing this application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

26. Complete the Authorization for Agent only if Applicant is not the registered Owner.

**AUTHORIZATION FOR AGENT**

I, We \_\_\_\_\_, the Owner of the subject property hereby authorize  
(PRINT NAME)

\_\_\_\_\_ to act on my behalf with respect to this application.  
(AGENT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

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**NOTE: INFORMATION PROVIDED IN THIS APPLICATION WILL BECOME PART OF A PUBLIC RECORD**

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27. Affidavit or Sworn Declaration For Requested Information

**AFFIDAVIT OR SWORN DECLARATION**

I \_\_\_\_\_

(PRINT NAME OF APPLICANT)

of the City of \_\_\_\_\_

in the Regional Municipality of \_\_\_\_\_

solemnly declare that the information contained in Sections 1 through 25 inclusive of this application is true and the information contained in the documents that accompany this application in the respect of the above Sections is true and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Declared before me at the \_\_\_\_\_ )

\_\_\_\_\_ of \_\_\_\_\_ )

in the \_\_\_\_\_ )

\_\_\_\_\_ )

this \_\_\_\_\_ day of \_\_\_\_\_ )

A.D. 20 \_\_\_\_\_ )

\_\_\_\_\_  
A Commissioner, etc.

To be signed in the presence of a  
Commissioner for taking Affidavits.

\_\_\_\_\_  
APPLICANT