

MINOR VARIANCE

File Number ANPL2014 248
 Related File Number _____
 Pre-consultation Meeting On _____
 Application Submitted On Dec 24, 2014
 Complete Application On Jan 6 / 2014

Application Fee Dec 24, 2014
 Conservation Authority Fee Dec 24, 2014
 OSSD Form Provided Dec 24, 2014
 Sign Issued _____

This development application must be typed or printed in ink and completed in full. An incomplete or improperly prepared application may not be accepted and could result in processing delays.

Property assessment roll number: 3310- 543- 060 -235-00

The undersigned hereby applies to the Committee of Adjustment under Section 45 of the Planning Act, R.S.O. 1990, c. P. 13, for relief as described in this application from by-law no. _____

A. APPLICANT INFORMATION

Name of Applicant ¹ Tim Wallace Phone # 519-282-6208
 Address 260 Allen St Fax # 519-285-2292
 Town / Postal Code Thamesford NOM-2M0 E-mail timwallace@sympatico.ca
¹ If the applicant is a numbered company provide the name of a principal of the company.

Name of Agent _____ Phone # _____
 Address _____ Fax # _____
 Town / Postal Code _____ E-mail _____

Name of Owner ² Dean Braund Phone # 519-209-6141
 Address 365 Mt. Pleasant road. Fax # _____
 Town / Postal Code Brantford N3T-1V3 E-mail _____

² It is the responsibility of the owner or applicant to notify the Planner of any changes in ownership within 30 days of such a change.

Please specify to whom all communications should be sent ³: ☒ Applicant ☒ Agent ☐ Owner

³ Unless otherwise directed, all correspondence, notices, etc., in respect of this development application will be forwarded to the Applicant noted above, except where an Agent is employed, then such will be forwarded to the Applicant and Agent.

Names and addresses of any holders of any mortgagees, charges or other encumbrances on the subject lands:

B. LOCATION/LEGAL DESCRIPTION OF SUBJECT LANDS

Geographic Township	<u>Norfolk.</u>	Urban Area or Hamlet	<u>Long Point.</u>
Concession Number		Lot Number(s)	<u>Lot 38</u>
Registered Plan Number	<u>Plan 436</u>	Lot(s) or Block Number(s)	
Reference Plan Number		Part Number(s)	
Frontage (metres/feet)	<u>50 ft</u>	Depth (metres/feet)	<u>150 ft.</u>
Width (metres/feet)	<u>50 ft.</u>	Lot area (m ² / ft ² or hectares/acres)	<u>7500 sq ft.</u>
Municipal Civic Address	<u>55 Woodstock Ave</u>		

Are there any easements or restrictive covenants affecting the subject lands?

☐ Yes ☒ No

If yes, describe the easement or covenant and its effect:

C. PURPOSE OF DEVELOPMENT APPLICATION

Please explain what you propose to do on the subject lands/premises which makes this development application necessary (if additional space is required, please attach a separate sheet):

replace existing garage + carport.
tot coverage, building height, deficiency

Please explain the nature and extent of the amendment requested (assistance is available):

existing lot coverage .24% proposed, .22% permitted 15%
2nd storey of garage needed for storage of beach
toys, surf boards, chairs etc.

Please explain why it is not possible to comply with the provision of the zoning by-law:

trying to upgrade what is already existing. And relocate
to proper set backs from front + side yd.

D. PROPERTY INFORMATION

Present official plan designation(s):

Resort Residential

Present zoning:

L.P.

Is there a site specific zone on the subject lands?

Please describe **all existing** buildings or structures on the subject lands and whether they are to be retained, demolished or removed. If retaining the buildings or structures, please describe the type of buildings or structures, and illustrate the setback, in metric units, from front, rear and side lot lines, ground floor area, gross floor area, lot coverage, number of storeys, width, length, height, etc. on your attached sketch which must be included with your application:

cottage to be retained.existing garage + carport + out building to be removed
and replaced with 2 storey garage.

If known, the date existing buildings or structures were constructed on the subject lands:

1947

If an addition to an existing building is being proposed, please explain what will it be used for (e.g. bedroom, kitchen, bathroom, etc.). If new fixtures are proposed, please describe.

Please describe **all proposed** buildings or structures/additions on the subject lands. Describe the type of buildings or structures/additions, and illustrate the setback, in metric units, from front, rear and side lot lines, ground floor area, gross floor area, lot coverage, number of storeys, width, length, height, etc. on your attached sketch which must be included with your application:

See attached.

MINOR VARIANCE

If known, the date the proposed buildings or structures will be constructed on the subject lands:

Spring 2015

Are any existing buildings on the subject lands designated under the Ontario Heritage Act as being architecturally and/or historically significant?

☐ Yes ☒ No

If yes, identify and provide details of the building:

The date the subject lands was acquired by the current owner:

Present use of the subject lands:

Seasonal / Recreation

If known, the length of time the existing uses have continued on the subject lands:

1947

Existing use of abutting properties:

Same

E. PREVIOUS USE OF THE PROPERTY

Has there been an industrial or commercial use on the subject lands or adjacent lands?

☐ Yes ☒ No ☐ Unknown

If yes, specify the uses:

Has the grading of the subject lands been changed through excavation or the addition of earth or other material?

☐ Yes ☒ No ☐ Unknown

Has a gas station been located on the subject lands or adjacent lands at any time?

☐ Yes ☒ No ☐ Unknown

Has there been petroleum or other fuel stored on the subject lands or adjacent lands at any time?

☐ Yes ☒ No ☐ Unknown

Is there reason to believe the subject lands may have been contaminated by former uses on the site or adjacent sites?

☐ Yes ☒ No ☐ Unknown

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Provide the information you used to determine the answers to the above questions:

If you answered yes to any of the above questions, a previous use inventory showing all known former uses of the subject lands, or if appropriate, the adjacent lands, is needed.

Is the previous use inventory attached?

☐ Yes ☐ No

F. STATUS OF OTHER PLANNING DEVELOPMENT APPLICATIONS

Has the subject land or land within 120 metres of it been or is now the subject of an application under the *Planning Act, R.S.O. 1990, c. P. 13* for:

1. a minor variance or a consent;
2. an amendment to an official plan, a zoning by-law or a Minister's zoning order; or
3. approval of a plan of subdivision or a site plan?

☐ Yes ☐ No ☒ Unknown

If yes, indicate the following information about **each application**:

File number:

AN-006/95-N

Land it affects:

Purpose:

Status/decision:

Effect on the requested amendment:

If additional space is required, please attach a separate sheet.

Is the above information for other planning developments applications attached?

☐ Yes ☐ No

G. PROVINCIAL POLICY

Is the requested amendment consistent with the provincial policy statements issued under subsection 3(1) of the *Planning Act, R.S.O. 1990, c. P. 13*?

☒ Yes ☐ No



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If no, please explain:

Are the subject lands within an area of land designated under any provincial plan or plans?

☐ Yes ☒ No

If yes, does the requested amendment conform to or does not conflict with the provincial plan or plans:

Are any of the following uses or features on the subject lands or within 500 metres (1,640 feet) of the subject lands, unless otherwise specified? Please check the appropriate boxes, if any apply.

Use or Feature	On the Subject Lands		Within 500 Metres (1,640 feet) of Subject Lands (Indicate Distance)		
Livestock facility or stockyard (if yes, complete Form 3 – available upon request)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____ distance
Wooded area	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____ distance
Municipal landfill	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____ distance
Sewage treatment plant or waste stabilization plant	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____ distance
Provincially significant wetland (class 1, 2 or 3) or other environmental feature <i>250m to North</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____ distance
Floodplain <i>Lake Erie at South beach area.</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____ distance
Rehabilitated mine site	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____ distance
Non-operating mine site within one kilometre	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____ distance
Active mine site within one kilometre	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____ distance
Industrial or commercial use (specify the use(s))	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____ distance
Active railway line	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____ distance
Seasonal wetness of lands	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____ distance
Erosion <i>Lake Erie beach</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____ distance
Abandoned gas wells	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____ distance

H. SERVICING AND ACCESS

Indicate what services are available or proposed:

Water Supply

- ☐ Municipal piped water
☐ Communal wells
☒ Individual wells
☐ Other (describe below)

Sewage Treatment

- ☐ Municipal sewers
☐ Communal system
☒ Septic tank and tile bed
☐ Other (describe below)

Storm Drainage

- ☐ Storm sewers
☐ Open ditches
☐ Other (describe below)

If other, describe:

Existing holding tank to be replaced with septic system

Have you consulted with Public Works & Environmental Services concerning stormwater management?

☐ Yes ☒ No

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Has the existing drainage on the subject lands been altered?

☐ Yes ☐ No

Does a legal and adequate outlet for storm drainage exist?

☐ Yes ☐ No ☐ Unknown

Existing or proposed access to subject lands:

☐ Unopened road ☐ Provincial highway
☒ Municipal road ☐ Other (describe below)

If other, describe:

Name of road/street:

Woodstock Ave.

I. OTHER INFORMATION

Is there a time limit that affects the processing of this development application?

☐ Yes ☒ No

If yes, describe:

Is there any other information that you think may be useful in the review of this development application? If so, explain below or attach on a separate page.

existing hydro line to neighbour to west 53.
to be relocated over their own property
by Hydro One

Building and By-Law Division
Simcoe: 8 Schellburg Ave.
Simcoe, ON
N3Y 2J4
519-426-4377

Langton: 22 Albert St.
Langton, ON
N0E 1G0
519-875-4485



ZONING DEFICIENCY PRZDF20141735

PROPERTY INFORMATION

STREET # 55 Woodstock Ave LP

ZONIN
G

LP

ZONING DEFICIENCY

DEVELOPMENT STANDARD	REQUIRED (m/ft)		PROPOSED (m/ft)		DEFICIENCY (m/ft)	
LOT AREA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LOT FRONTAGE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FRONT YARD SETBACK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EXTERIOR SIDE YARD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INTERIOR SIDE YARD (RIGHT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INTERIOR SIDE YARD (LEFT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
REAR YARD SETBACK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DWELLING UNIT AREA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
% LOT COVERAGE	<input type="text" value="15"/>		<input type="text" value="21.3"/>		<input type="text" value="6.3"/>	
BUILDING HEIGHT	<input type="text" value="4.5"/>	<input type="text"/>	<input type="text" value="6.4"/>	<input type="text"/>	<input type="text" value="1.9"/>	<input type="text"/>
ACCESSORY BUILDING	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCESSORY BUILDING COMMENTS	<input type="text"/>					
PARKING SPACES	<input type="text"/>		<input type="text"/>		<input type="text"/>	

ADDITIONAL COMMENTS:

The proposed information and any supporting documents have been provided by the owner/applicant. The above information is only in respect to the associated planning application and does not relieve the owner/applicant from obtaining all other permits/approvals required. The owner/applicant hereby accepts full responsibility for the accuracy of the proposed information provided on this form.

I have read and understand the above.

Signature of owner or authorized agent

Date

PREPARED BY:

AS PER:

Signature of building inspector

Date

Fritz R. Enzlin CBCO, CRBO
Chief Building Official
Manager, Building & Bylaw Division
Norfolk County



Working together with our community
to provide quality services.

Evaluation Form for Existing On-Site Sewage Systems

Date: July 2009

OFFICE USE ONLY		FILE NO.	DATE RECEIVED
PROPERTY INFORMATION		Municipal Address: <u>55 Woodstock Ave Long Point</u>	
Owner: <u>Dean Braund</u>		Lot: <u>38</u>	Concession:
Lot Area: <u>7500 sq ft</u>	Lot Frontage: <u>50 ft</u>	Assessment Roll No.	
PURPOSE OF EVALUATION	<input type="checkbox"/> Consent <input checked="" type="checkbox"/> Minor Variance <input type="checkbox"/> Site Plan <input type="checkbox"/> Zoning <input type="checkbox"/> Other _____		
BUILDING INFORMATION	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural		
Building Area: <u>1450 sq ft</u>	No. of Bedrooms: <u>3</u>	No. of Fixture Units: <u>15.5</u>	Is the building currently occupied? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No, how long?
EVALUATOR'S INFORMATION	Evaluator's Name: <u>JACK GRANGER</u>	Company Name: <u>GRANGER EY</u>	
Address: <u>RR #2 St William's</u>	Postal Code: <u>N0E 1P0</u>	Phone: <u>519 586-7120</u>	
Email:	BCIN # <u>23318</u>		
SITE EVALUATION	Ground Cover (trees, bushes, grass, impermeable surface): <u>SAND</u>		Soil Type: <u>SAND</u>
Site Slope: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Moderate <input type="checkbox"/> Steep	Soil Conditions: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry	Depth of Water Table: <u>10</u> ft.	
Surface Discharge Observed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Odour Detected: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Current Weather (at time of evaluation): <u>Winter - SNOW</u>	
SYSTEM EVALUATION	Class of System: <input type="checkbox"/> 1 (Privy) <input type="checkbox"/> 2 (Greywater) <input type="checkbox"/> 3 (Cesspool) <input checked="" type="checkbox"/> 4 (Leaching Bed) <input checked="" type="checkbox"/> 5 (Holding Tank)		
Tank: <input checked="" type="checkbox"/> Pre-cast <input type="checkbox"/> Plastic <input type="checkbox"/> Fibre Glass <input type="checkbox"/> Wood <input type="checkbox"/> Other _____		Size: <u>2000</u> Gal.	Pump: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Distribution System: Area: <input type="checkbox"/> Trench Bed <input type="checkbox"/> Filter Medium		No. of Tile Runs:	Total Length of Tile: Distance Between Tile Runs:
Tile Material: <input type="checkbox"/> PVC <input type="checkbox"/> Clay <input type="checkbox"/> Other _____		Ends: <input type="checkbox"/> Capped <input type="checkbox"/> Joined	Cover: <input type="checkbox"/> Filter Cloth <input type="checkbox"/> Sand <input type="checkbox"/> Top Soil <input type="checkbox"/> Seeded
Setbacks:		Tank	
Distance to Buildings & Structures (ft)		<u>30 feet</u>	
Distance to Bodies of Water (ft)		<u>170 feet</u>	
Distance to Nearest Well (ft)			
Distance to Proposed Property Lines		Front <u>10'</u> Rear <u>12'</u> Side <u>15'</u> Side <u>30'</u>	
		Front _____ Rear _____ Side _____ Side _____	

OVERALL SYSTEM RATING

- ☒ System Working Properly / No Work Required
- ☐ System Functioning / Maintenance Required
- ☐ System Not Functioning / Minor Repair Required
- ☐ System Failure/Major Repair / Replacement Required

Note:

Any repair/replacement of an on site sewage system requires a building permit. Contact the Norfolk County Building Division at (519) 426-4377 for more information.

Additional Comments:

Holding Tank
No Tile Bed

VERIFICATION

OWNER:

The owner is responsible for having a site evaluation conducted of the above mentioned property. Neither the evaluation nor the approval thereof shall in any way exempt the owner(s) from complying with the Ontario Building Code or any other applicable law.

I, _____ (the owner of the subject property) hereby authorize the above mentioned evaluator to act on my behalf with respect to all matters pertaining to the existing on-site sewage system evaluation.

Owner Signature

Date

EVALUATOR:

1. I, JACK GRANGER declare that this site evaluation is accurate as of the date of inspection. No determination of future performance can be made due to unknown conditions, future water usage over the life of the system, abuse of the system and/or inadequate maintenance, all of which may adversely affect the life of the system. This evaluation does not grant or imply any guarantee or warranty of the future performance of the sewage system. The undersigned takes no responsibility for the accuracy of existing or proposed property lines, whether measured or implied.

Evaluator Signature

Date

BUILDING DIVISION COMMENTS

Comments:

I, _____ have reviewed the information contained in this form as submitted.

Chief Building Official or designate

Date

Revised: March 24, 2011

Date Received: _____



Working together
with our community
to provide quality services.

January 2014, Form supersedes 2008

SEWAGE PERMIT WORKSHEET

SEWAGE SYSTEM SPECIFICATIONS

Location of Septic System (civic address) _____

Owner of Property: _____

Propose to install Class _____ Sewage system to serve _____
(house, bunkhouse, restaurant, office, commercial)

SEWAGE FLOW CALCULATIONS

DESCRIPTION	TOTAL #	FIXTURE UNITS	TOTAL
Water closet (toilet)	2	x 4.0	8
Each sink or wash basin	3	x 1.5	4.5
Bath tub or shower	1	x 1.5	1.5
Dishwasher		x 1.0	
Clothes washing machine	1	x 1.5	1.5
Single or Double Laundry Tubs		x 1.5	
Floor Drain		x 3.0	
Water Softener		x 1.5	
Other			
TOTAL FIXTURE UNITS =			15.5

RESIDENTIAL		OTHER (ie: bunkhouse, office , restaurant)	
Total finished area:	(sqm) (sq ft)	Total finished area:	(sqm) (sqft)
# of bedrooms:		# of employees:	
Water softener discharge:	(L/day)	Water softener discharge:	(L/day)
Daily flow rate (DFR):	(L/day)	Daily flow rate (DFR):	(L/day)
Tank size (2 x DFR):	(L/day)	Tank size (3 x DFR):	(L/day)

INSTALLER TO COMPLETE THE FOLLOWING:

Subsurface Conditions Encountered

Rock & G.G.W.T	Depth (m)	Soil Type
	-0-	
	-0.25-	
	-0.50-	
	-0.75-	
	-1.0-	
	-1.25-	
	-1.50-	

Describe existing soil conditions: _____
Soils Analysis completed by: _____

Confirmed Percolation Rate: (T time) _____
Gradation Reports submitted: Sand Y/N
Stone Y/N

SCALE : 1 INCH = 20 FEET

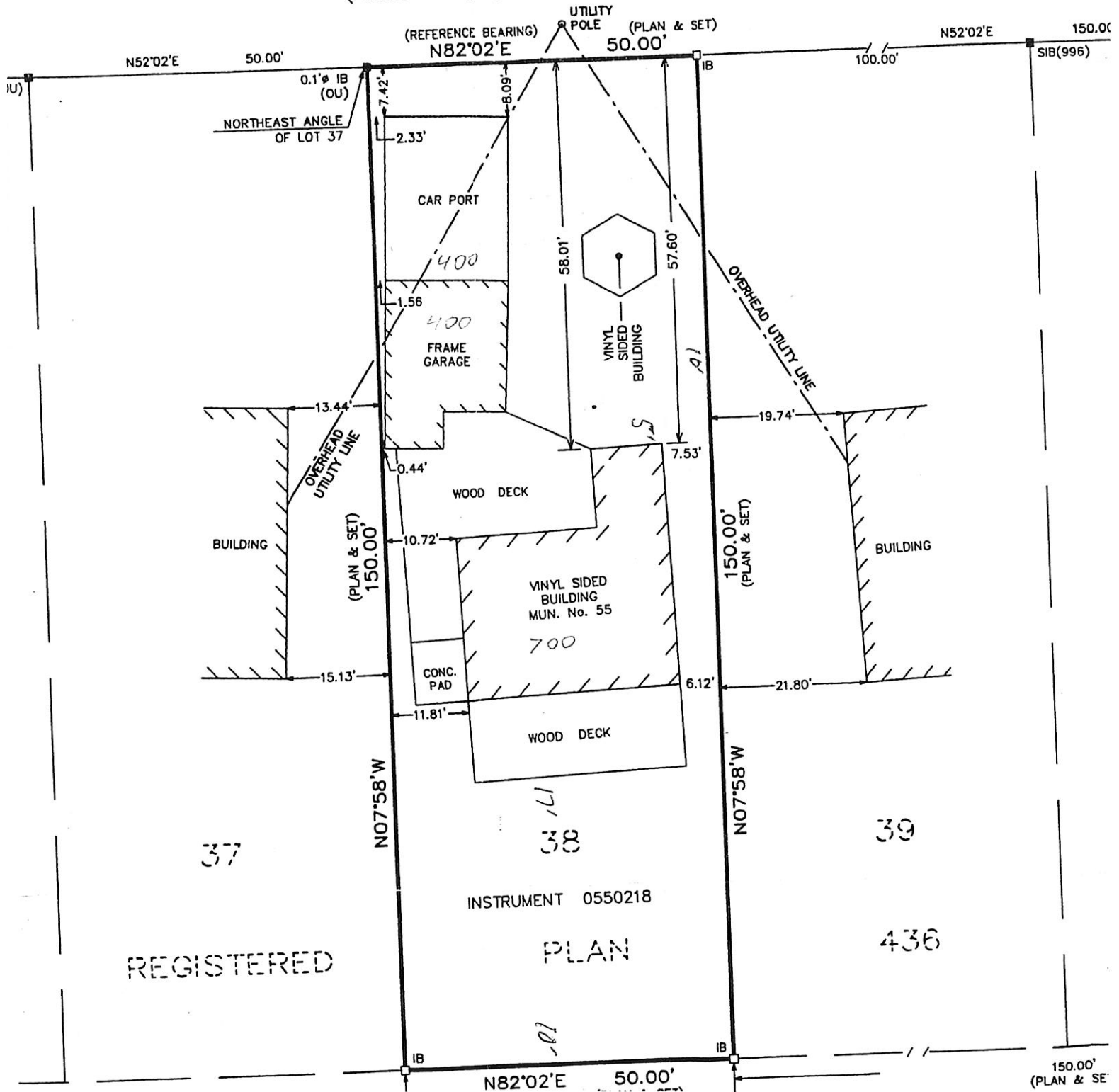
SCALE : 1 INCH = 20 FEET



© COPYRIGHT, 2004.

(66.00' WIDE) (BY REG'D PLAN 436)

Existing

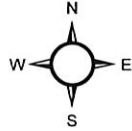


MAP 1

File Number: ANPL2014248

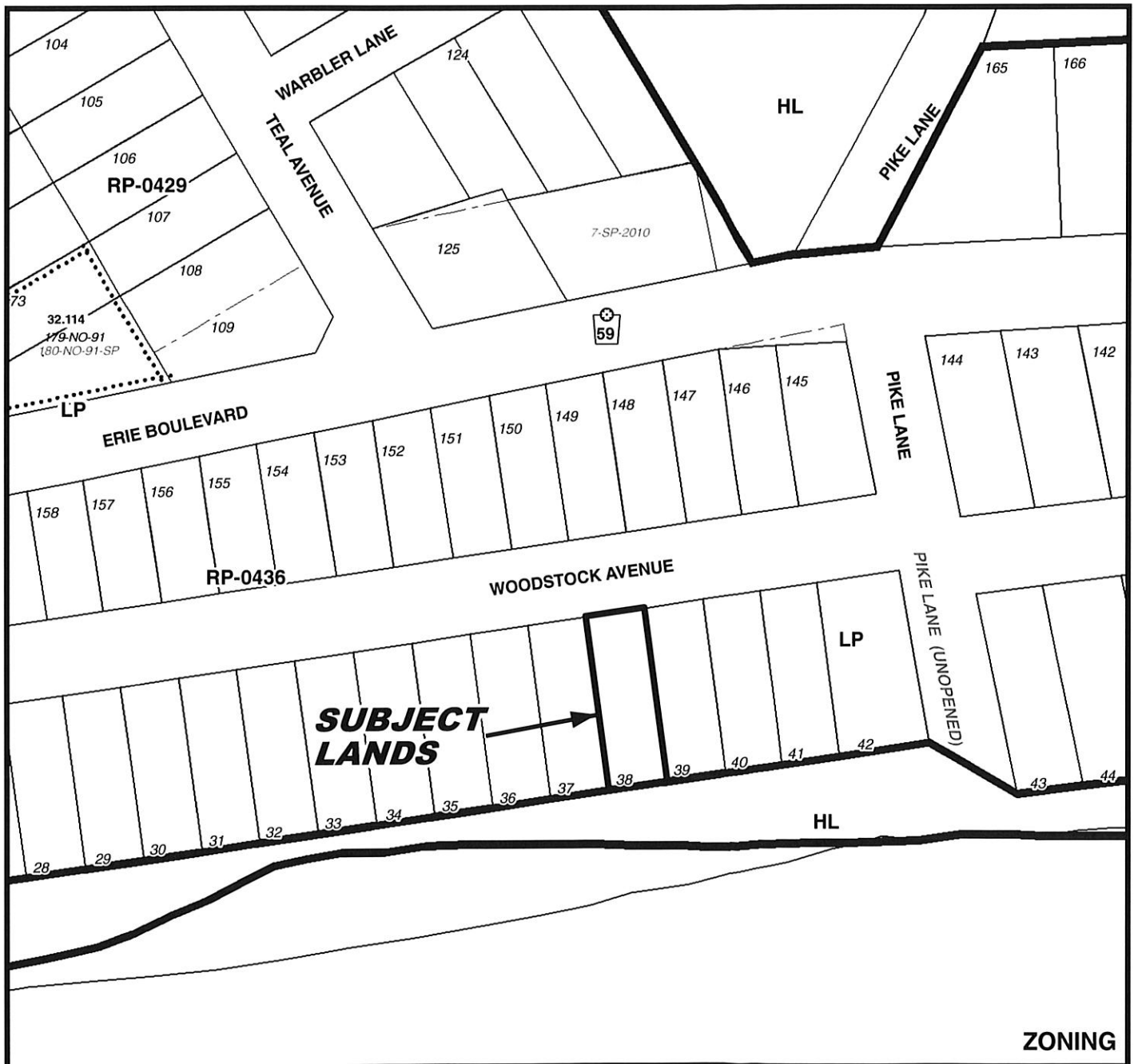
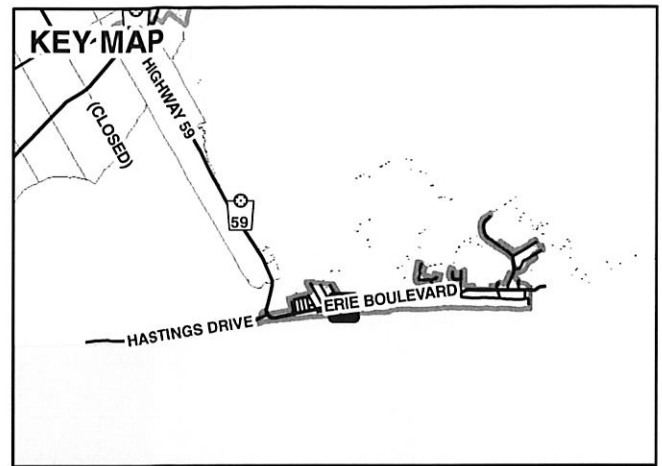
Geographic Township of

SOUTH WALSHINGHAM



1:1,500

10 5 0 10 20 30 40 Meters



MAP 2

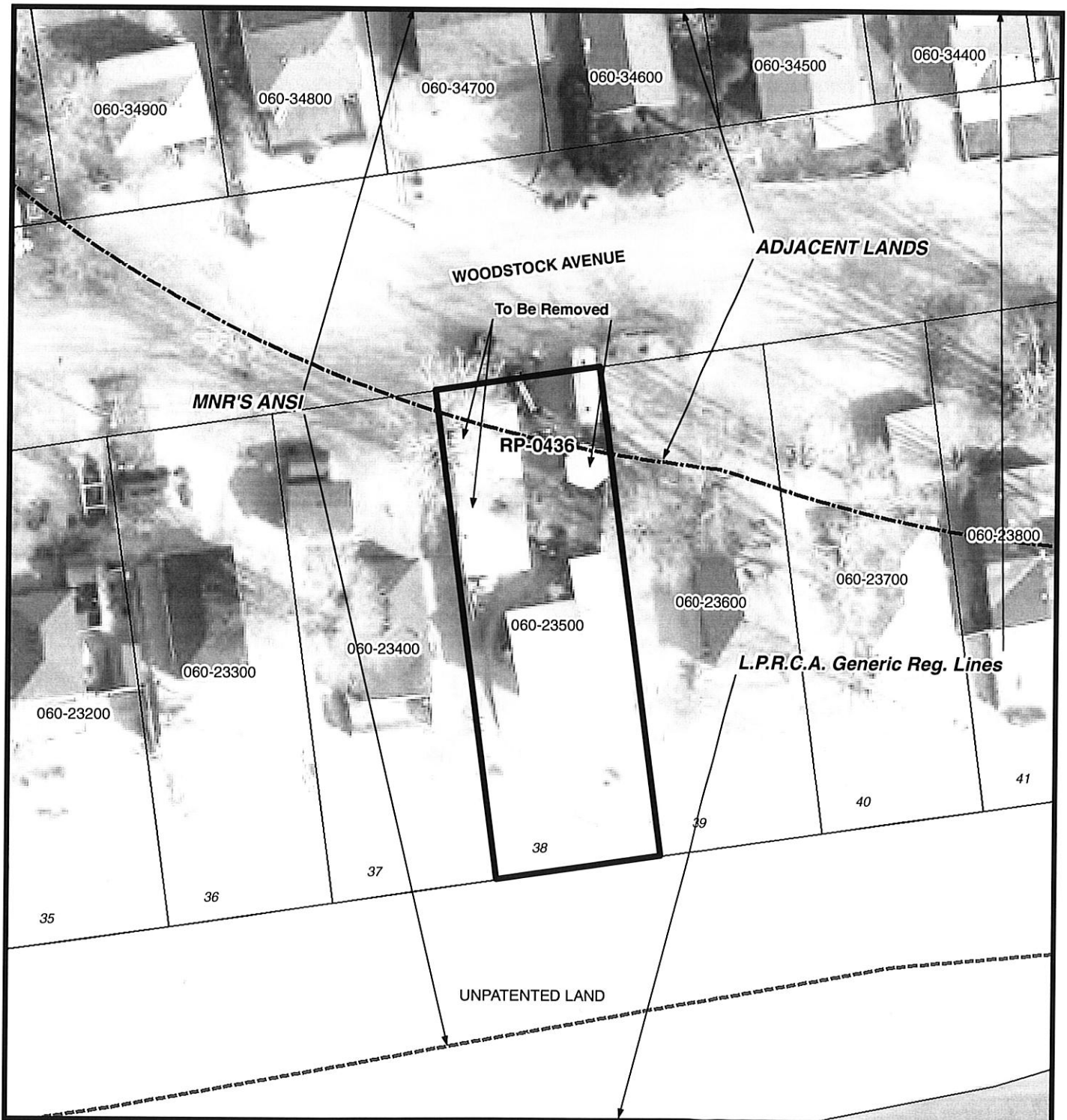
File Number: ANPL2014248

Geographic Township of SOUTH WALSHINGHAM



2 1 0 2 4 6 8 Meters

1:500



MAP 3

File Number: ANPL2014248

Geographic Township of SOUTH WALSINGHAM

