



**THE CITY OF WINDSOR**

PLANNING & BUILDING SERVICES DEPARTMENT  
Suite 210, 350 City Hall Sq. W., WINDSOR, ONTARIO N9A 6S1  
Tel: 519-255-6543 ext. 6436 or ext. 6450 Fax: 519-255-6544

**APPLICATION FOR CONSENT FORM**

Please provide the name of the representatives you consulted and the date of your consultation.

**STEP 1 - PRE - CONSULTATION WITH ZONING CORDINATOR (as required)**

- Conner O'Rourke – [Corourke@citywindsor.ca](mailto:Corourke@citywindsor.ca)
- Stefan Pavlica – [Spavlica@citywindsor.ca](mailto:Spavlica@citywindsor.ca)
- Other: \_\_\_\_\_

**STEP 2- PRE-CONSULTATION WITH PLANNER - (as required)**

- Simona Simion [ssimion@citywindsor.ca](mailto:ssimion@citywindsor.ca)
- Zaid Zwayeed [zzwayeed@citywindsor.ca](mailto:zzwayeed@citywindsor.ca)
- Other: \_\_\_\_\_

**Secondary contacts (to be consulted in specific circumstances)**

- Development, Projects & Right-of-Way    Name \_\_\_\_\_ Date \_\_\_\_\_
- Heritage Planner, Planning and Building    Name \_\_\_\_\_ Date \_\_\_\_\_
- Transportation Planner    Name \_\_\_\_\_ Date \_\_\_\_\_
- Windsor-Essex Health Unit    Name \_\_\_\_\_ Date \_\_\_\_\_
- Essex Region Conservation Authority    Name \_\_\_\_\_ Date \_\_\_\_\_
- Windsor Police Service    Name \_\_\_\_\_ Date \_\_\_\_\_  
(Barry Horrobin)

**ACKNOWLEDGEMENTS REGARDING CONSULTATION PROCESS**

I hereby acknowledge that consultation does not represent approval or denial of this application.

X Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 3 - SUBMIT APPLICATION**

Applications and information for the Committee of Adjustment process may be found on the city of Windsor website:<https://www.citywindsor.ca/residents/planning/Plans-and-Community-Information/City-Council-and-Committees/Committees-Headed-by-Planning/Committee-of-Adjustment/Pages/Committee-of-Adjustment.aspx>  
( MENU ON LEFT HAND SIDE – APPLICATIONS)

Please be advised that your application **MUST** be fully complete (do not leave any unanswered questions) it **MUST** be commissioned prior to submission (page 4, Declaration). We review the application for completeness and clarity **ONLY**, any errors in your submission or incomplete applications, may result in a deferral or not move forward to the meeting due to insufficient or lack of information, and could result in re-submission fees on your behalf.

**When submitting your digital application please provide the subject line with the following information : COA Submission – location address or Roll number ( e.g. COA Submission 344 street name – Minor Variance OR Severance)**

Please email your complete application to [COADJUSTMENT@citywindsor.ca](mailto:COADJUSTMENT@citywindsor.ca)

Once our office is in receipt of your **complete application** (all drawings, and any related materials) and fee, you will be advised under separate email of the scheduled meeting date, time and information on how to join the hearing.



<b>Access</b> (check appropriate space)	Provincial Highway ..... Municipal road, maintained all year ..... Municipal road, seasonally maintained ..... Other public road ..... Right of way ..... Water only. If yes, the docking facilities to be used and the approximate distance of these facilities from the subject land and the nearest public road _____	<b>Yes</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Water Supply</b>	Publicly owned and operated piped water system... Privately owned and operated..... Individual or communal well..... Lake or other water body..... Other _____	<b>Yes</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Sewage Disposal</b>	Publicly owned and operated piped sewage system..... Privately owned and operated individual or communal septic tank system..... Pit, privy, or other _____	<b>Yes</b> <input type="checkbox"/> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <input type="checkbox"/>
<b>7 The current designation of the subject property in the Official Plan</b>					
<b>History of the Subject Land</b>					
<b>8 Has the subject land ever been the subject of an application for approval of a plan of subdivision or consent under the Planning Act?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown  If yes, please provide the application file number and the decision made on the application. _____ _____  If this application is a re-submission of a previous consent application, describe how it has been changed from the original application. _____ _____					
<b>9 Has any land been severed from the parcel originally acquired by the owner of the subject land:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
<b>10 If the answer to item 9 is <u>yes</u>, the date of the transfer, the name of the transferee and the land use on the severed land:</b>					
<b>11 Current Applications</b>  <b>If known, whether the subject land is the subject of any other application under the Act, such as an application for an amendment to an Official Plan, a Zoning By-law or Minister's Zoning Order, an application for minor variance or an application for an approval of a plan of subdivision or a consent.</b> _____ _____  <b>If yes, the file number of the application and the status of the application.</b> _____					
<b>12 Whether the application is consistent with policy statements issued under subsection 3(1) of the Planning Act</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
<b>13 Whether the subject land is within an area of land designated under any provincial plan or plans.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
<b>14 If the answer to section 13 is yes, whether the application conforms to or does not conflict with the applicable provincial plan or plans.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					

15	The required sketch map is to indicate the following, in metric units and must be included with application:	Included	Not Applicable
a)	the boundaries and dimensions of any land <u>abutting</u> the subject land that is owned by the owner of the subject land;	<input type="checkbox"/>	<input type="checkbox"/>
b)	the <u>approximate distance between</u> the subject land and the nearest <u>Lot line or landmark</u> such as a bridge or railway crossing;	<input type="checkbox"/>	<input type="checkbox"/>
c)	the <u>boundaries</u> and <u>dimensions</u> of the subject land, the part that is intended to be <u>severed</u> and the part that is intended to be <u>retained</u> ;	<input type="checkbox"/>	<input type="checkbox"/>
d)	the location of all land <u>previously severed</u> from the parcel originally acquired by the <u>current owner</u> of the subject land;	<input type="checkbox"/>	<input type="checkbox"/>
e)	the approximate location of all <u>natural and artificial features</u> ( <i>for example, buildings, railways, roads, watercourses, drainage ditches, banks of rivers or streams, wetlands, wooded areas, wells and septic tanks</i> ) that: (i) are located on the <u>subject land</u> and on land that is <u>adjacent</u> to it, and (ii) in the applicant's opinion, may affect the application;	<input type="checkbox"/>	<input type="checkbox"/>
f)	the <u>current uses</u> of land that are <u>adjacent</u> to the subject land ( <i>for example, residential, agricultural or commercial</i> )	<input type="checkbox"/>	<input type="checkbox"/>
g)	the <u>location</u> , <u>width</u> and <u>name</u> of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public traveled road, a private road or a right of way (i.e. alley);	<input type="checkbox"/>	<input type="checkbox"/>
h)	if access to the subject land will be <u>by water only</u> , the location of the parking and boat docking facilities to be used; and	<input type="checkbox"/>	<input type="checkbox"/>
i)	the location and nature of any easement affecting the subject land.	<input type="checkbox"/>	<input type="checkbox"/>
<b>The required sketch map has been included with this application form.</b>			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			

**DECLARATION:**

I/WE, \_\_\_\_\_ of the \_\_\_\_\_ (City/Town)  
of \_\_\_\_\_ (name City/Town) in the \_\_\_\_\_ (County) of \_\_\_\_\_ (name county) on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, **SOLEMNLY DECLARE** that all statements contained in this  
application are true and I/WE 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.

(Sign) X \_\_\_\_\_  
(Sign) X \_\_\_\_\_

DECLARED BEFORE ME at the \_\_\_\_\_ of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
\_\_\_\_\_ A Commissioner etc.

**\*\*\* THIS SECTION MUST BE COMPLETE**

**RECEIPT OF APPLICATION/AUTHORIZATION TO PROCESS**

This application has been received and is accepted for processing, as the application is complete.

\_\_\_\_\_ Date: \_\_\_\_\_  
Secretary-Treasurer (or Designate)

**Minor variance for new construction:** An approved variance is valid and must be acted upon within one (1) year. If a granted variance is not used within required timeline, the application is deemed to be **null and void**. A new Committee of Adjustment application will be required for any expired application. \_\_\_\_\_ **(Please Initial)**

**FOR AGENTS – The owner must complete and sign this authorization if you have been assigned to act on their behalf**

**AUTHORIZATION:**

**TO:** The Secretary-Treasurer of The Committee of Adjustment for the City of Windsor.

**DATE:** \_\_\_\_\_, 20\_\_.

**I (We) (Owners of the subject lands)** \_\_\_\_\_  
of the (municipality where you reside) \_\_\_\_\_, hereby authorize  
and instruct (agent(s) \_\_\_\_\_ to submit an application to the  
Committee of Adjustment in respect to (municipal address or legal description) \_\_\_\_\_  
Which I (we) am (are) the registered owner(s), and this shall be my (our) good and sufficient authority to act on my (our) behalf.

\_\_\_\_\_ **X(Sign)** Note: if the owner is a Corporation, affix seal (if any)  
\_\_\_\_\_ **X (Sign)**

**ALL SECTIONS MUST BE COMPLETED AND SIGNED**

**PERMISSION TO ENTER:**

**TO:** The Secretary-Treasurer of The Committee of Adjustment for the City of Windsor.

**DATE:** \_\_\_\_\_, 20\_\_\_\_.

I hereby authorize the members of the Committee of Adjustment and/or members of the staff of The City of Windsor to enter upon the subject lands and premises for the purpose of evaluating the merits of this application. This is their authority for doing so.

Address of Lands: \_\_\_\_\_

**X Signed:** \_\_\_\_\_

**NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION:**

I/We also acknowledge that the information requested on this form is collected under the authority of The Planning Act, R.S.O. 1990, Chapter P13, as amended. The information is required in order to process the application to the Committee of Adjustment. The name and business address of the applicant and/or authorized agent is public information. The address of the property, which is the subject of the application, is also public information. Please be advised that any personal information i.e. name and address may become part of a public record in an electronic form, i.e. web site and/or paper format, i.e. agenda or minutes.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_  
**Signature of Applicant and/or Agent**

**SPECIES AT RISK ACKNOWLEDGEMENT**

Ontario's *Endangered Species Act* protects endangered and threatened species — animals and plants in decline and at risk of disappearing from the province by restricting activities that may affect these plants, animals or their habitats.

I acknowledged that it is my sole responsibility as the Applicant to comply with the provisions of the *Endangered Species Act, 2007, S. O. c.6*. This could require me to register an activity, get a permit or other authorization from the Ministry of Natural Resources and Forestry (MNRF) prior to conducting an activity that could impact an endangered or threatened plant or animal or its habitat. I further acknowledge that any *Planning Act, R.S.O. 1990, c.P.13* approval given by the City of Windsor does not constitute an approval under the *Endangered Species Act*, nor does it absolve me from seeking the necessary authorization, approvals or permits from the MNRF prior to conducting any activity that may affect endangered or threatened plant or animal or its habitat. Additional information can be found at the following website <https://www.ontario.ca/page/development-and-infrastructure-projects-and-endangered-or-threatened-species> or by contacting MNRF at the following:

[MNRF.Ayl.Planners@ontario.ca](mailto:MNRF.Ayl.Planners@ontario.ca)  
Ontario Ministry of Natural Resources and Forestry  
Aylmer District  
615 John Street North  
Aylmer, ON N5H 2S8  
Tel: 519-773-9241

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_  
**Signature of Applicant and/or Agent**