



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

****DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION IT IS FOR YOUR REFERENCE****

Checklist for Applicants

- The Proposal has been subject to a pre-consultation process with Planning Staff.
- All questions on the application have been completed or marked "N/A" (not applicable) (all answers to applications questions can be found in your Summary of Consultation email).
- Any/All required site plan (metric measurements) is attached to the application and illustrates the required information as identified in the example attached to the application (See drawing specifics).
- The Declaration and Authorizations (page 4-5) has been properly signed by the owner(s) and authorized agents and commissioned (if you require an appointment for commissioning please contact the Planning Department via email coadjustment@citywindsor.ca)
- The original hardcopy of the signed and completed application for site plan/survey has been submitted to the municipality OR is attached.

Fees:

- Current Application fee(s) are included - Online Payment (preferred), Cheque OR Payable in Person at 350 City Hall, Suite 210 - Cashier.
- Planning Fees By-law can be viewed on the municipal website: [Fees](#)

Schedule:

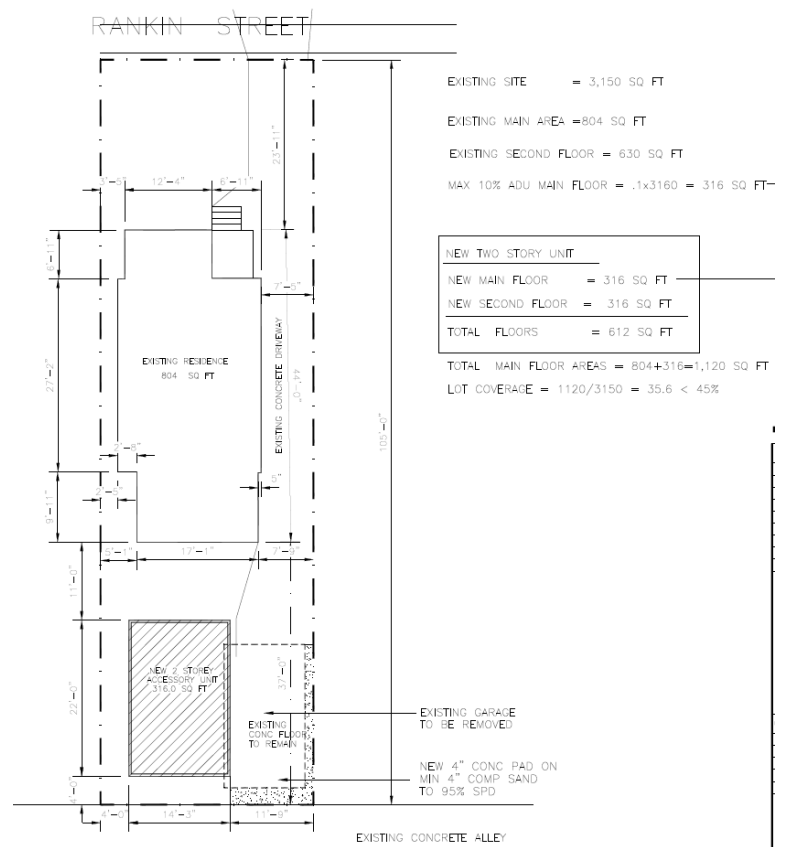
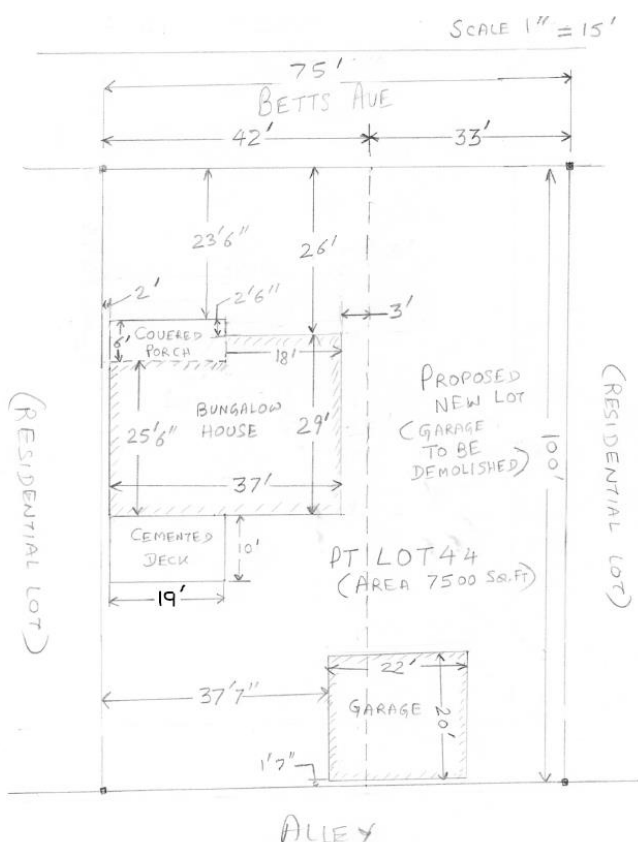
For further information regarding Committee of Adjustment's application deadlines and Meeting Dates, please visit: [Schedule](#)

Contact Information

For further information or applications, please visit the municipal website : [Committee of Adjustment](#)

General Inquires: Email: coadjustment@citywindsor.ca
Phone: 519-255-6543

EXAMPLE OF DRAWINGS:





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APPLICATION FOR VALIDATION OF TITLE/FORECLOSURE/EXERCISE POWER OF SALE

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

STEP 1 - CONSULTATION WITH ZONING COORDINATOR

- Zoning-Coordinator Consultation – Date complete _____
 Connor Cowan ccowan@citywindsor.ca
 Zaid Zwayyed zwayyed@citywindsor.ca
 Other: _____

STEP 2- CONSULTATION WITH PLANNER

- Development Planner Date complete _____
 Simona Simion ssimion@citywindsor.ca
 Jason Campigotto jcampigotto@citywindsor.ca Other: _____

ACKNOWLEDGEMENTS REGARDING CONSULTATION PROCESS

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

Dated: _____ Signed: _____

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 submission and fees to Jessica Watson, Secretary-Treasurer, Committee of Adjustment
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.

*****PLEASE BE ADVISED:**

Applications submitted without ALL questions (1-5) answered will be considered incomplete or inaccurate and will be returned to applicant and will not move forward to the current agenda. Refer to your pre-application consultation summary for accurate section numbers and relief requested.

| | | | |
|--|---|-------------------------------|------------------------|
| 1 | Application Information | | |
| | Name of ALL Owners | Contact No. | Business Telephone No. |
| | Address | | Postal Code |
| | E-Mail Address: | | |
| | Name of Contact Person/Agent (if different than owner) | Contact No. | Business Telephone No. |
| | Address | Postal Code | Fax No. |
| | E-Mail Address: | | |
| PAYMENT CONTACT INFORMATION ONLY: | | | |
| Name: | | | |
| Email & Contact No: | | | |
| 2 | Legal Description of lands described in the approval (entire holdings) | | |
| | Municipality | Street Name | Street Address |
| | Concession Number(s) | Registered/Reference Plan No. | Lot/Part No.(s) |
| | Parcel No. | Geographic/Former Township | |
| 3 | DESCRIPTION OF LAND FOR WHICH VALIDATION OF TITLE/FORECLOSURE/EXERCISE POWER OF SALE | | |
| | Description | | Meters |
| | Frontage | | |
| | Depth | | |
| | Area | | |
| | Existing Use: | | N/A |
| | Proposed Use: | | N/A |
| Legal Description | | N/A | |
| 4 | DESCRIPTION OF ABUTTING LAND FOR WHICH THE APPLICANT HAS AN INTEREST. | | |
| | Description | | Meters |
| | Frontage | | |
| | Depth | | |
| | Area | | |
| | Existing Use: | | N/A |
| | Proposed Use: | | N/A |
| Legal Description | | N/A | |

| | | | |
|--|--|--|---|
| Access (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 _____ | Land Conveyed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Abutting Lands <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Water Supply | Publicly owned and operated piped water system... Privately owned and operated..... Individual or communal well..... Lake or other water body..... Other _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Sewage Disposal | Publicly owned and operated piped sewage system..... Privately owned and operated individual or communal septic tank system..... Pit, privy, or other _____ | Land Conveyed <input type="checkbox"/> <input type="checkbox"/> | Abutting Lands <input type="checkbox"/> <input type="checkbox"/> |
| 5 Has there previously been any land severed from these holdings: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown If yes, please describe previous severances by providing the following for each parcel severed: Grantee's Name: _____ Relationship (if any) to owner: _____ Use of parcel: _____ Date parcel created: _____ | | | |

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) _____

(Sign) _____

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)

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

AUTHORIZATION:

DATE: _____, 202__.

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.

_____ (Sign) Note: if the owner is a Corporation, affix seal (if any)

_____ (Sign)

Name(s): _____

Title: _____

If signing on behalf of a Corporation, please print name and title

ALL SECTIONS MUST BE COMPLETE AND SIGNED

PERMISSION TO ENTER:

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

DATE: _____, 202__.

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.

Location of Lands: _____

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