



25 TAILLEFER ROAD, CORBEIL, ONTARIO POH 1K0
TEL.: (705) 752-2740 FAX.: (705) 752-2452

APPLICATION FOR MINOR VARIANCE OR PERMISSION

APPLICATION FEE: Please see attached Schedule "F" as per The Municipality of East Ferris Fees and Charges amended By-law No. 2023-11. Payment can be made by cheque (made payable to the Municipality of East Ferris), cash or debit. All fees are non-refundable.

It is required that three (3) copies of the application be filed together with sketches with the Secretary-Treasurer of the Municipality of East Ferris and be accompanied by the fee. In accordance with Section 1.0.1 of the Planning Act, R.S.O. 1990 information and material required to be provided to a municipality or approval authority as part of this application shall be considered public information and shall be made available to the public.

The undersigned hereby applies to the Committee of Adjustment for the Municipality of East Ferris under section 45 of the Planning Act for relief, as described in this application, from By-law No. 1284 (as amended). Failure to submit all of the required information may prevent or delay the consideration of the application.

1. APPLICANT INFORMATION:

Owner(s): Richard Champagne / Nancy Best

Home Phone: [REDACTED] Alternate Phone: [REDACTED]

Fax Number: _____ Email: _____

Mailing Address: 1852 CORBEIL RD City/Town/Village/Hamlet: CORBEIL

Postal Code: POH-1K0

Municipal Address of Lands Affected (911 Number): _____

Authorized Agent/Applicant Solicitor (if any): _____

Phone Number: _____ Alternate Phone: _____

Address: _____ City/Village: _____

Fax: _____ Email: _____

Specify to whom all communications should be sent (check appropriate space):

Owner Agent Solicitor Both

2. LOCATION OF SUBJECT LAND:

Lot(s) _____ Concession No(s). _____ Registered Plan (Subdivision) No. _____

Lot(s) (No(s)) _____ Reference Plan (Survey) No. _____ Part(s) _____

Parcel(s) _____ Hamlet (Astorville, Corbeil, Derland) _____

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

Yes

No

Please Describe: _____

3. DESCRIPTION OF SUBJECT LAND:

Description of Land:

Frontage: 150' Depth: 275' Area: _____

4. DATE OF ACQUISITION OF SUBJECT LAND: April

5. NAMES AND ADDRESSES OF ANY MORTGAGES, HOLDERS OF ANY CHARGES OR OTHER ENCUMBRANCERS:

6. EXISTING USES OF SUBJECT LAND:

Existing Use(s) (e.g. residential, commercial): RESIDENTIAL

Number of Buildings and Structures (existing) on land subject to the application: 0

Use(s) of Buildings and Structures (existing) on land subject to the application (e.g. dwelling, garage, etc.):

7. PARTICULARS OF ALL BUILDINGS AND STRUCTURES (EXISTING) ON THE SUBJECT LAND. SPECIFY GROUND FLOOR AREA, GROSS FLOOR AREA, NUMBER OF STOREYS, WIDTH, LENGTH, HEIGHT, ETC.

Type of Building(s) or structure(s)	Ground Floor Area	Gross Floor Area	Number of Storeys	Width	Length	Height

Not Applicable (please check if there are no existing building(s) or structure(s))

8. LOCATION OF ALL BUILDINGS AND STRUCTURES (EXISTING) ON THE SUBJECT LAND. SPECIFY THE SETBACK DISTANCES FROM THE SIDE, REAR AND FRONT LOT LINES.

Type of Existing Building(s) or Structure(s)	Side Lot Line	Side Lot Line	Front Lot Line	Rear Lot Line

Not Applicable (please check if there are no existing building(s) or structure(s))

9. PROPOSED USES OF SUBJECT LAND:

Proposed Use(s) (e.g. Residential, Commercial): ENTRANCE - RESIDENTIAL

Number of Buildings and Structures (proposed) on land subject to this application _____

Use(s) Buildings and Structures (proposed) on land subject to the application (e.g. dwelling, garage, etc.):

10. PARTICULARS OF ALL BUILDINGS AND STRUCTURES (PROPOSED) ON THE SUBJECT LAND. SPECIFY GROUND FLOOR AREA, GROSS FLOOR AREA, NUMBER OF STOREYS, WIDTH, LENGTH, HEIGHT, ETC.

Type of Proposed Building(s) or structure(s)	Ground Floor Area	Gross Floor Area	Number of Storeys	Width	Length	Height
<u>Single Dwelling</u>						

Not Applicable (please check if there are no proposed building(s) or structure(s))

11. LOCATION OF ALL BUILDINGS AND STRUCTURES (PROPOSED) ON THE SUBJECT LAND. SPECIFY THE SETBACK DISTANCES FROM THE SIDE, REAR AND FRONT LOT LINES.

Type of Proposed Building(s) or Structure(s)	Side Lot Line	Side Lot Line	Front Lot Line	Rear Lot Line

Not Applicable (please check if there are no proposed building(s) or structure(s))

12. DATE OF CONSTRUCTION OF ALL BUILDING(S) AND STRUCTURE(S) ON SUBJECT LAND:

Unknown . -

13. LENGTH OF TIME WHICH THE EXISTING USE(S) OF THE SUBJECT PROPERTY HAS CONTINUED:

14. PRESENT OFFICIAL PLAN DESIGNATION (PLEASE CONTACT PLANNING & DEVELOPMENT STAFF):

RESIDENTIAL

15. PRESENT ZONING BY-LAW PROVISIONS APPLYING TO LAND (PLEASE CONTACT PLANNING & DEVELOPMENT STAFF):

16. ZONING BY-LAW NUMBER (PLEASE CONTACT PLANNING & DEVELOPMENT STAFF):

17. WHY IS THE MINOR VARIANCE BEING REQUESTED? PLEASE PROVIDE A DETAILED EXPLANATION (why the proposed structure/use can not comply with the provisions of the Zoning By-law).

18. PROPOSED MINOR VARIANCE (nature and extent of the relief from the Zoning By-law):

From 200' Frontage - To 150'

19. ACCESS (Please check all that apply):

A. Access:

- Unopened Road Allowance
- Open Municipal Road
- Private Right of Way
- Provincial Highway
- Other (specify)

Name of Road/Street: _____

Is Access only by water? Yes No

If the answer to the above question was "yes" describe the boat docking facilities to be Used and the approximate distance of these facilities from the subject land and the nearest opened public road: _____

20. SERVICES (PLEASE CHECK ALL THAT APPLY):

A. Water Supply:

- Municipally owned and Operated
- Privately Owned and Operated
- Individual
- Communal
- Lake
- Dug Well
- Drilled Well
- Other(Specify)

B. Sewage Disposal:

- Municipally owned and Operated
- Privately Owned and Operated
- Individual
- Communal
- Septic Tank/Field Bed
- Holding Tank
- Other (Specify)

C. Storm Drainage:

- Sewers
- Ditches
- Swales
- Other (Specify)

21. IF KNOWN, HAVE THE LANDS:

A) Ever been, or is now, part of an application for:

I) Official Plan Amendment?

- Yes No Unknown

If 'yes', file # _____ Status of Application _____

II) Plan of Subdivision?

Yes No Unknown

If 'yes', file # _____ Status of Application _____

III) Consent?

Yes No Unknown

If 'yes', file # _____ Status of Application _____

IV) Rezoning?

Yes No Unknown

If 'yes', file # _____ Status of Application _____

V) Minor Variance?

Yes No Unknown

If 'yes', file # _____ Status of Application _____

B. Ever been the subject of a Minister's Zoning Order?

Yes No Unknown

If 'yes', what is the Ontario Regulation Number _____

22. IS THE SUBJECT LAND WITHIN AN AREA OF LAND DESIGNATED UNDER ANY PROVINCIAL PLAN OR PLANS?

Yes No

Name of Plan(s): _____

23. IF THE ANSWER TO THE ABOVE IS "YES", DOES THE APPLICATION CONFORM TO OR DOES NOT CONFLICT WITH THE APPLICABLE PROVINCIAL PLAN OR PLANS?

Yes No

Name of Plan(s): _____

24. IS THE APPLICATION FOR MINOR VARIANCE CONSISTENT WITH THE PROVINCIAL POLICY STATEMENTS ISSUED UNDER SUBSECTION 3(1) OF THE PLANNING ACT?

Yes

No

25. DO YOU HAVE ANY KNOWLEDGE OF ENDANGERED SPECIES OR SPECIES AT RISK OR KNOWLEDGE OF POTENTIAL HABITAT FOR SUCH SPECIES ON THE SUBJECT LAND OR ADJACENT LANDS?

Yes

No

If "yes", please explain: _____



26. REQUIRED SKETCH (Return this sketch with the application form. Without a sketch, an application form cannot be processed.)

A large, empty rectangular box with a thin black border, intended for a sketch. The box is currently blank.

27. AFFIDAVIT OR SWORN DECLARATION

I/We Richard Champagne / Nancy Best of the Municipality
of EAST FERREIS in the DISTRICT of Nipissing

Solemnly declare that:

All the above statements and the statements contained in all of the exhibits transmitted herewithin 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.

DECLARED before me at the Municipality of EAST FERREIS
in the DISTRICT of Nipissing this 16th
day of April 2026.

[Signature]
A Commissioner etc.

[Signature]
Signature of Applicant, Solicitor,
Authorized Agent

[Signature]
A Commissioner etc.

Nancy L. Best
Signature of Applicant, Solicitor,
Authorized Agent

28. AUTHORIZATION

Consent of the owner(s) to the use and disclosure of personal information.

I/We Richard Champagne / Nancy Best am/are the owner(s)
of the land that is the subject of this minor variance application for the purposes of the
Freedom of Information and Privacy Act I/We 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 sole purposes of processing this
application.

16 / April / 2026
Date

[Signature]
Signature of Owner

April 16 / 2026
Date

Nancy L. Best
Signature of Owner

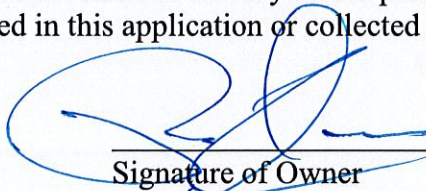
8

29. AUTHORIZATION OF OWNER FOR AGENT TO MAKE THE APPLICATION AND TO PROVIDE PERSONAL INFORMATION:

If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the applicant is authorized to make the application must be included with this form or the authorization set out below must be completed.

I/We _____ am/are the owner(s) of the land that is the subject of this application for a minor variance and I/We authorize _____ to make this application on my/our behalf, and for the purposes of the Freedom of Information and Protection of Privacy Act to provide any of my personal information that will be included in this application or collected during the processing of this application.

Apr 16 / 2026.
Date


Signature of Owner

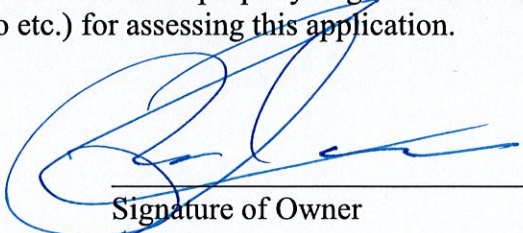
Date

Signature of Owner

30. CONSENT OF OWNER – SITE INSPECTION

I/We Richard Champagne / Nancy Best am/are the owner(s) of the land that is the subject of this application for a minor variance and I/We authorize Municipal Staff and Committee Members to enter onto the property to gather information necessary (e.g. site inspection, photos, video etc.) for assessing this application.

Apr 16 / 2020
Date


Signature of Owner

Date

Signature of Owner

For Office Use Only:

Date Complete application was received: _____

File No. _____

Date Stamp: