



# COMMITTEE OF ADJUSTMENT APPLICATION FOR CHANGE OF CONDITIONS

(Section 53 of the Planning Act, R.S.O. 1990)

**Consultation with City staff is encouraged prior to submission of this application.** Applications must be accompanied by the submission requirements in order to be considered complete. Incomplete applications will not be processed until all information is provided. If you have any questions please call the Planning Division at 519-741-2426.

## CONSENT CHECKLIST:

**Submission Number: CC \_\_\_\_\_** (to be assigned by staff)

**Address of the Subject Property: \_\_\_\_\_**

Have you consulted with City Staff prior to submitting this application:

Staff member consulted / Date of Consultation: \_\_\_\_\_

***It is recommended to consult with staff prior to submitting your application to identify any possible issues or further information required, therefore avoiding unnecessary delays during processing.***

**Office Use Only:**

**Date Stamp**

Received:  In person  By mail

Assigned to: \_\_\_\_\_

Deemed complete by: \_\_\_\_\_

## SUBMISSION REQUIREMENTS:

- Complete applications shall be submitted by email to [planning.applications@kitchener.ca](mailto:planning.applications@kitchener.ca) (maximum 10 MB). **Original, signed application form and cheque** (payable to the City of Kitchener) should be sent to City Hall - Planning Division, to the attention of the Committee of Adjustment Coordinator, by mail or courier as soon as possible following the digital submission.
- Application Fee - \$747.00 (non-refundable)
- Notice of Decision of original consent
- Other supporting documents (if any)
- Written authorization by the Owner(s) is required if the application is signed by an agent on their behalf. If the applicant is a corporation acting without an agent, the application must be signed by an office that has the authority to bind the corporation.
- Mailing Address for Original Application: City of Kitchener, Attn: Planning Division, 6th Floor, 200 King Street West, Kitchener Ontario, N2G 4G7.

### For Your Information:

- An application will not be accepted as complete unless all legislated requirements have been met, and will not be processed until all necessary information has been received.
- In addition to the submission requirements found on the application form, it is imperative that the applicant provide all the planning evidence necessary in support of the request being made. Depending on the nature of the application, this evidence may be in the form of photographs showing the existing streetscapes, contextual plans (in context with adjacent structures), historical information and/or detailed location plans (windows, openings, accessory structures) of the abutting properties. This will assist the Committee in making an informed decision regarding your application.
- The owner and/or agent must attend the Committee meeting in support of their application. Information on the meeting date/time will be forwarded to the agent. A deferral fee will apply to applications requiring re-circulation for failure to attend meeting or requesting a deferral.
- This is YOUR application - make sure that you know the exact details of why you are applying. You must identify exactly what is being requested, particularly as it relates to easements, rights-of-way or partial discharge of mortgage. It is your responsibility to provide a complete and accurate application. Staff is available for consultation, but is not permitted to complete the form.



COMMITTEE OF ADJUSTMENT  
APPLICATION FOR CHANGE OF CONDITIONS

Submission No. CC

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**Location of the Property:**

Street Address: \_\_\_\_\_

Closest Intersection: \_\_\_\_\_

Legal Description (From Survey or Plan): \_\_\_\_\_

Lot (s) No: \_\_\_\_\_ Registered Plan No.: \_\_\_\_\_

Lot (s) No: \_\_\_\_\_ Reference Plan No.: \_\_\_\_\_

Part (s) No: \_\_\_\_\_

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**Name of Registered Owner (s):** \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other No.: \_\_\_\_\_

Email: \_\_\_\_\_

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**Name of Authorized Agent (s):** \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other No.: \_\_\_\_\_

Email: \_\_\_\_\_

*Note: Unless otherwise requested, all communications will also be sent to agents.*

1. Submission number of Provisional Consent: \_\_\_\_\_

2. Number assigned to the condition (s) for which you are requesting to change:  
\_\_\_\_\_

3. Please provide detailed reason(s) for the requested change:

## ACKNOWLEDGEMENT

I/We understand that receipt of this application by the City of Kitchener - Planning Division does not guarantee it to be a 'complete' application. Further review of the application will be undertaken and I may be contacted to provide additional information and/or resolve any discrepancies or issues with the application as submitted. Once the application is deemed to be fully complete, the application fee will be deposited and the application will go forward to the next possible Committee of Adjustment meeting. Submission of this application constitutes consent for authorized municipal staff to enter upon the subject property for the purpose of conducting site visits, including photographs, which are necessary for the evaluation of this application.

I/We further authorize the City of Kitchener to release municipal property tax information to the applicant and/or agent named within this application form and/or the Secretary-Treasurer of Committee of Adjustment, for the specific property referenced herein, for the purpose of completing the process referred to within this application form.

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION

If this application is being made by an agent/solicitor on behalf of the property owner, the following authorization must be completed:

I / We, \_\_\_\_\_, owner of the land that is subject of this application, hereby authorize \_\_\_\_\_ to act on my / our behalf in this regard.

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

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

## AFFIDAVIT

(to be completed *in person* in the presence of a Commissioner of Oaths)

I / We, \_\_\_\_\_, of the Town/City of \_\_\_\_\_,  
\_\_\_\_\_

in the County/Regional Municipality of \_\_\_\_\_, solemnly declare that all of the above statements contained in this application are 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*.

\_\_\_\_\_  
**Signature of Owner/Agent**

\_\_\_\_\_  
**Signature of Owner/Agent**

**Declared before me at the**

Town/City of \_\_\_\_\_ in the County/Regional Municipality of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
**Commissioner of Oaths**