



Municipality of Dysart et al

135 Maple Ave.,
P.O. Box 389, Haliburton, ON K0M 1S0
705-457-1740
Fax: 705-457-1964
Email: info@dysartetal.ca

"The Heart of the Highlands"

HOW TO PRESERVE YOUR RIGHT OF APPEAL

PARTICIPATE

To preserve your right of appeal to the Ontario Municipal Board with respect to a minor variance, a zoning by-law amendment or an official plan amendment application, you must actively participate in the public review process. Specifically, the Planning Act requires that a person or public body must make oral submissions at a public meeting or make written submissions to the Municipality of Dysart et al before a decision is made on the application.

REQUEST NOTICE

To be notified of the decision on an application, you must make a written request to the Municipality of Dysart et al for *Notice of the Decision*.

SUBMITTING AN APPEAL TO A DECISION

Once a decision is made on an application, the Municipality will issue a *Notice of Decision* to all participants, who have requested notice of the decision in writing. The *Notice of Decision* will outline the final date that you can submit an appeal to a decision on a planning application.

An appeal to any decision on a planning application must be made in writing to the Municipality and submitted, with the applicable fee, prior to the final date for appealing the application.

- To appeal a decision on a minor variance application: you must submit a notice of appeal to the Municipality of Dysart et al setting out the objection to the decision and the reasons in support of the objection. This notice must be accompanied by Appellant Form A-1 of the Ontario Municipal Board (completed in full) and the prescribed fee of \$300.00, made payable to the Minister of Finance for Ontario. The appeal must be received by the final date of appeal.
- To appeal a decision on a zoning by-law amendment application: you must submit a notice of appeal to the Municipality of Dysart et al setting out the objection to the decision and the reasons in support of the objection. This notice must be accompanied by Appellant Form A-1 of the Ontario Municipal Board (completed in full) and the prescribed fee of \$300.00, made payable to the Minister of Finance for Ontario. The appeal must be received by the final date of appeal.
Note: If the appeal argues that the decision is inconsistent with a *Provincial Policy*, a *County of Haliburton Official Plan Policy* or a *Dysart et al Official Plan Policy*, the appeal must explain the inconsistency.
- To appeal a decision on an official plan amendment application: you must participate in the public review process, undertaken by the Municipality of Dysart et al. All comments received by the Municipality of Dysart et al through the public review process, will be forwarded to the County of Haliburton, who are the approval authority for official plan amendment applications. The County of Haliburton will consider the application and all background information, including all public comments. They will make a decision on the merits of the file and will issue a *Notice of Decision*. Any person who wishes to appeal the decision of the County of Haliburton, must submit a notice of appeal to the County of Haliburton. This notice must be accompanied by Appellant Form A-1 of the Ontario Municipal Board (completed in full) and the prescribed fee of \$300.00, made payable to the Minister of Finance for Ontario. The appeal must be received by the final date of appeal.

SUBMITTING AN APPEAL TO A NON-DECISION

To submit an appeal on the failure of the approval authority to make a decision on a planning application, please speak with Municipal staff about the procedure prescribed by the Planning Act.

**Environment and Land Tribunals
Ontario**
Ontario Municipal Board

655 Bay Street, Suite 1500
Toronto ON M5G 1E5
Telephone: (416) 212-6349
Toll Free: 1-866-448-2248
Fax: (416) 326-5370
Website: www.elto.gov.on.ca

**Tribunaux de l'environnement et de
l'aménagement du territoire Ontario**

Commission des affaires municipales
de l'Ontario
655 rue Bay, suite 1500
Toronto ON M5G 1E5
Téléphone: (416) 212-6349
Sans Frais: 1-866-448-2248
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Site Web: www.elto.gov.on.ca



Instructions for preparing and submitting the Appellant Form (A1)

NOTICE – APPEAL FEE CHANGE

Effective July 1, 2016, Ontario Municipal Board (OMB) appeal fees are changing from \$125 to \$300. Appeals received and date-stamped by the municipality/approval authority on or after July 1, 2016, are subject to the new appeal fee.

- The fee of \$25 for each additional consent appeal filed by the same appellant against connected consent applications does not change.
- The fee of \$25 for each additional variance appeal filed by the same appellant against connected variance applications does not change.

OMB appeal fees are still \$125 for appeals with date-stamps from before July 1, 2016.

- **Complete one form for each type of appeal you are filing.**
- **Please print clearly.**
- **A filing fee of \$300 is required for each type of appeal you are filing. To view the Fee Schedule, visit the Board's website.**
- **The filing fee must be paid by certified cheque or money order, in Canadian funds, payable to the Minister of Finance.**
- **If you are represented by a solicitor the filing fee may be paid by a solicitor's general or trust account cheque.**
- **Do not send cash.**
- **Professional representation is not required but please advise the Board if you retain a representative after the submission of this form.**
- **Submit your completed appeal form(s) and filing fee(s) by the filing deadline to either the Municipality or the Approval Authority as applicable. Do NOT send directly to the Ontario Municipal Board.**
- **The Municipality/Approval Authority will forward your appeal(s) and fee(s) to the Ontario Municipal Board.**
- **The *Planning Act* and the *Ontario Municipal Board Act* are available on the Board's website.**



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**APPELLANT FORM (A1)
 PLANNING ACT**

**SUBMIT COMPLETED FORM
 TO MUNICIPALITY/APPROVAL AUTHORITY**

Date Stamp - Appeal Received by Municipality

Receipt Number (OMB Office Use Only)

Part 1: Appeal Type (Please check only one box)

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Minor Variance	<input type="checkbox"/> Appeal a decision	45(12)
	<input type="checkbox"/> Appeal a decision	53(19)
Consent/Severance	<input type="checkbox"/> Appeal conditions imposed	53(19)
	<input type="checkbox"/> Appeal changed conditions	53(27)
	<input type="checkbox"/> Failed to make a decision on the application within 90 days	53(14)
	<input type="checkbox"/> Appeal the passing of a Zoning By-law	34(19)
Zoning By-law or Zoning By-law Amendment	<input type="checkbox"/> Application for an amendment to the Zoning By-law – failed to make a decision on the application within 120 days	34(11)
	<input type="checkbox"/> Application for an amendment to the Zoning By-law – refused by the municipality	
	<input type="checkbox"/> Appeal the passing of an Interim Control By-law	38(4)
Official Plan or Official Plan Amendment	<input type="checkbox"/> Appeal a decision	17(24) or 17(36)
	<input type="checkbox"/> Failed to make a decision on the plan within 180 days	17(40)
	<input type="checkbox"/> Application for an amendment to the Official Plan – failed to make a decision on the application within 180 days	22(7)
	<input type="checkbox"/> Application for an amendment to the Official Plan – refused by the municipality	
	<input type="checkbox"/> Appeal a decision	51(39)
Plan of Subdivision	<input type="checkbox"/> Appeal conditions imposed	51(43) or 51(48)
	<input type="checkbox"/> Failed to make a decision on the application within 180 days	51(34)

Part 2: Location Information

Address and/or Legal Description of property subject to the appeal: _____

Municipality/Upper tier: _____

Part 3: Appellant Information

First Name: _____ Last Name: _____

Company Name or Association Name (Association must be incorporated – include copy of letter of incorporation)

Professional Title (if applicable): _____

E-mail Address: _____

By providing an e-mail address you agree to receive communications from the OMB by e-mail.

Daytime Telephone #: _____ Alternate Telephone #: _____

Fax #: _____

Mailing Address: _____

Street Address Apt/Suite/Unit# City/Town

Province Country (if not Canada) Postal Code

Signature of Appellant: _____ Date: _____

(Signature not required if the appeal is submitted by a law office.)

Please note: You must notify the Ontario Municipal Board of any change of address or telephone number in writing. Please quote your OMB Reference Number(s) after they have been assigned.

Personal information requested on this form is collected under the provisions of the *Planning Act*, R.S.O. 1990, c. P. 13, as amended, and the *Ontario Municipal Board Act*, R.S.O. 1990, c. O. 28 as amended. After an appeal is filed, all information relating to this appeal may become available to the public.

Part 4: Representative Information (if applicable)

I hereby authorize the named company and/or individual(s) to represent me:

First Name: _____ Last Name: _____

Company Name: _____

Professional Title: _____

E-mail Address: _____

By providing an e-mail address you agree to receive communications from the OMB by e-mail.

Daytime Telephone #: _____ Alternate Telephone #: _____

Fax #: _____

Mailing Address: _____

Street Address Apt/Suite/Unit# City/Town

Province Country (if not Canada) Postal Code

Signature of Appellant: _____ Date: _____

Please note: If you are representing the appellant and are NOT a solicitor, please confirm that you have written authorization, as required by the Board's Rules of Practice and Procedure, to act on behalf of the appellant. Please confirm this by checking the box below.

I certify that I have written authorization from the appellant to act as a representative with respect to this appeal on his or her behalf and I understand that I may be asked to produce this authorization at any time.

Part 5: Language and Accessibility

Please choose preferred language: English French

We are committed to providing services as set out in the *Accessibility for Ontarians with Disabilities Act, 2005*. If you have any accessibility needs, please contact our Accessibility Coordinator as soon as possible.

Part 6: Appeal Specific Information

1. Provide specific information about what you are appealing. For example: Municipal File Number(s), By-law Number(s), Official Plan Number(s) or Subdivision Number(s):

(Please print)

2. Outline the nature of your appeal and the reasons for your appeal. Be specific and provide land-use planning reasons (for example: the specific provisions, sections and/or policies of the Official Plan or By-law which are the subject of your appeal - if applicable). **If more space is required, please continue in Part 9 or attach a separate page.

(Please print)

THE FOLLOWING SECTIONS (a&b) APPLY ONLY TO APPEALS OF ZONING BY-LAW AMENDMENTS UNDER SECTION 34(11) OF THE PLANNING ACT.

a) DATE APPLICATION SUBMITTED TO MUNICIPALITY: _____
(If application submitted before January 1, 2007 please use the O1 'pre-Bill 51' form.)

b) Provide a brief explanatory note regarding the proposal, which includes the existing zoning category, desired zoning category, the purpose of the desired zoning by-law change, and a description of the lands under appeal:
**If more space is required, please continue in Part 9 or attach a separate page.

Bill 73 - This question applies only to official plans/amendments, zoning by-laws/amendments and minor variances that came into effect/were passed on or after July 1, 2016.

- 1. Is the 2-year no application restriction under section 22(2.2) or 34(10.0.0.2) or 45(1.4) applicable?
 - a. No
 - b. Yes

Part 7: Related Matters (if known)

Are there other appeals not yet filed with the Municipality? YES NO

Are there other planning matters related to this appeal? YES NO

(For example: A consent application connected to a variance application)

If yes, please provide OMB Reference Number(s) and/or Municipal File Number(s) in the box below:

Part 10: Required Fee

Total Fee Submitted: \$ _____

Payment Method: Certified cheque Money Order Solicitor's general or trust account cheque

- The payment must be in Canadian funds, **payable to the Minister of Finance.**
- **Do not send cash.**
- **PLEASE ATTACH THE CERTIFIED CHEQUE/MONEY ORDER TO THE FRONT OF THIS FORM.**