

COMMITTEE OF ADJUSTMENT APPLICATION FOR MINOR VARIANCE



Consultation with City staff is encouraged prior to submission of this application.	OFFICE USE ONLY	
	Date Received: <u>May 25/18</u>	Folder #: <u>A-50/18</u>
	Application deemed complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

TO BE COMPLETED BY APPLICANT

Was there pre-consultation with Planning Services staff?

Yes ☒ No ☐

THE UNDERSIGNED HEREBY APPLIES TO THE COMMITTEE OF ADJUSTMENT FOR THE CITY OF GUELPH UNDER SECTION 45 OF THE PLANNING ACT, R.S.O. 1990, C.P.13, AS DESCRIBED IN THIS APPLICATION, FROM BY-LAW NO. (1995)-14864, AS AMENDED.

PROPERTY INFORMATION:

Address of Property: 54 CARDIGAN ST

Legal description of property (registered plan number and lot number or other legal description):

LOT 2,3 & 4 PLAN 144

OWNER(S) INFORMATION:

Name: 2389500 ONTARIO INC.

Mailing Address: 14 PINE GROVE RD

City: VAUGHAN

Postal Code: L4L 2X1

Home Phone: 647.286.8661

Work Phone: _____

Fax: _____

Email: pmondal@guelphmedical

imaging.com

AGENT INFORMATION (If Any)

Company: _____

Name: _____

Mailing Address: _____

City: _____

Postal Code: _____

Work Phone: _____

Mobile Phone: _____

Fax: _____

Email: _____

Official Plan Designation: <u>Mixed Use 2.</u>	Current Zoning Designation: <u>B4-15/D.2.</u>
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NATURE AND EXTENT OF RELIEF APPLIED FOR (variances required): <u>VARIANCE TO SECTION 7.3.4.15.1 TO ADD MEDICAL CLINIC</u> <u>AS PERMITTED USE FOR FLOOR AREA OF 525m²</u>

Why is it not possible to comply with the provision of the by-law? (your explanation) <u>EASILY ACCESSIBLE BY SENIORS & DISABLED PERSONS</u> <u>CENTRALLY LOCATED</u> <u>ACCESS TO PARKING</u>

PROPERTY INFORMATION			
Date property was purchased:	<u>APRIL 5, 2016</u>	Date property was first built on:	<u>UNKNOWN</u>
Date of proposed construction on property:	<u>ASAP</u>	Length of time the existing uses of the subject property have continued:	<u>APPROX 10 YEARS.</u>
EXISTING USE OF THE SUBJECT PROPERTY (Residential/Commercial/Industrial etc.): <u>OFFICES, REGISTERED MASSAGE THERAPY</u>			
PROPOSED USE OF LAND (Residential/Commercial/Industrial etc.): <u>MEDICAL CLINIC</u>			

DIMENSIONS OF PROPERTY: (please refer to your survey plan or site plan)		
Frontage: <u>46.47 m</u>	Depth: <u>49.47 m</u>	Area: <u>1993m²</u>

PARTICULARS OF ALL BUILDINGS AND STRUCTURES ON THE PROPERTY (in metric)					
EXISTING (DWELLINGS & BUILDINGS)			PROPOSED		
Main Building			Main Building		
Gross Floor Area:	525m ²		Gross Floor Area:		
Height of building:	1 storey		Height of building:		
Garage/Carport (if applicable) N/A			Garage/Carport (if applicable)		
Attached <input type="checkbox"/> Detached <input type="checkbox"/>			Attached <input type="checkbox"/> Detached <input type="checkbox"/>		
Width:			Width:		
Length:			Length:		
Driveway Width:			Driveway Width:		
Accessory Structures (Shed, Gazebo, Pool, Deck)			Accessory Structures (Shed, Gazebo, Pool, Deck)		
Describe details, including height: N/A			Describe details, including height:		

LOCATION OF ALL BUILDINGS AND STRUCTURES ON OR PROPOSED FOR THE SUBJECT LAND					
EXISTING			PROPOSED		
Front Yard Setback:	7.32 M		Front Yard Setback:	M	
Exterior Side Yard (corner lots only)	8.38 M		Exterior Side Yard (corner lots only)	M	
Side Yard Setback:	Left: 0.9 M	Right: M	Side Yard Setback:	Left: M	Right: M
Rear Yard Setback	25 M		Rear Yard Setback	M	

TYPE OF ACCESS TO THE SUBJECT LANDS (please check the appropriate boxes)					
Provincial Highway <input type="checkbox"/>	Municipal Road <input checked="" type="checkbox"/>	Private Road <input type="checkbox"/>	Water <input type="checkbox"/>	Other (Specify)	

MUNICIPAL SERVICES PROVIDED (please check the appropriate boxes)		
Water <input checked="" type="checkbox"/>	Sanitary Sewer <input checked="" type="checkbox"/>	Storm Sewer <input checked="" type="checkbox"/>
If not available, by what means is it provided:		

IS THE SUBJECT LAND THE SUBJECT OF ANY OF THE FOLLOWING DEVELOPMENT TYPE APPLICATIONS?

	No	Yes	File Number and File Status
Official Plan Amendment	<input type="checkbox"/>	<input type="checkbox"/>	
Zoning By-law Amendment	<input type="checkbox"/>	<input type="checkbox"/>	
Plan of Subdivision	<input type="checkbox"/>	<input type="checkbox"/>	
Site Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Building Permit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BUILDING PERMIT OPEN - RENOVATIONS FOR MEDICAL CLINIC
Consent	<input type="checkbox"/>	<input type="checkbox"/>	
Previous Minor Variance Application	<input type="checkbox"/>	<input type="checkbox"/>	

MUNICIPAL FREEDOM OF INFORMATION DECLARATION:

In submitting this development application and supporting document, the owner/authorized agent, hereby acknowledge the City of Guelph will provide public access to all development applications and supporting documentation, and provide my consent, that personal information, as defined by Section 2 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. Information on this application and any supporting documentation provided by myself, my agents, consultants and solicitors, will be part of the public record and will also be available to the general public.

Questions regarding the collection, use, and disclosure of this information may be directed to the Access, Privacy and Records Specialist, City Clerk's Department, 1 Carden Street, Guelph, Ontario, N1H 3A1

PERMISSION TO ENTER

The owner or authorized agent hereby authorizes the Committee of Adjustment members and City of Guelph staff to enter onto the above-noted property for the limited purposes of evaluating the merits of this application.

POSTING OF ADVISORY SIGN

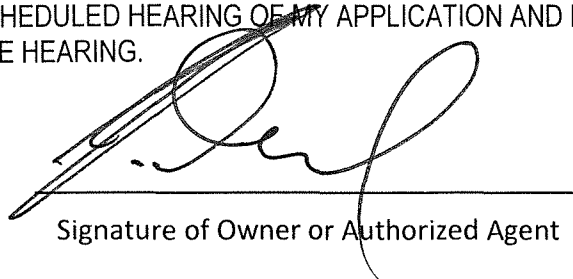
This will confirm the requirement of the Committee of Adjustment for a sign to be posted by all applicants or authorized agents on each property under application.

A sign will be made available to you upon once the application has been processed and hearing time set. You are directed to post the sign in a prominent location that will enable the public to observe the sign. The location of each sign will depend on the lot and location of structures on it; however, the sign should be placed so as to be legible from the roadway in order that the public can see the sign and make note of the telephone number should they wish to make inquiries. In most cases, please post the sign on a stake as you would a real estate sign.

For commercial or industrial buildings, it may be appropriate to post the sign on the front wall of the building or at its entrance.

Each sign must be posted a minimum of ten (10) days prior to the scheduled hearing, until the day following the hearing. Please fill in the information below indicating your agreement to post the sign(s) as required. This form must be submitted with the application in order that it may be placed in the file as evidence that you have met with the Planning Act requirements. Failure to post the sign as required may result in a deferral of the application.

I, THE UNDERSIGNED, UNDERSTAND THAT EACH SIGN MUST BE POSTED AT LEAST TEN (10) DAYS BEFORE THE SCHEDULED HEARING OF MY APPLICATION AND BE REPLACED, IF NECESSARY, UNTIL THE DAY FOLLOWING THE HEARING.




Signature of Owner or Authorized Agent

Signature of Owner or Authorized Agent

AFFIDAVIT

I/We, PROBHASH MONDAL, of the City/Town of
VAUGHAN in County/Regional Municipality of YORK REGION, 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 Applicant or Authorized Agent


 Signature of Applicant or Authorized Agent

NOTE: The signature of applicant or authorized agent must be witnessed by a Commissioner. A Commissioner is available when submitting the application to Committee of Adjustment staff.

Declared before me at the

City/Town of Guelph in the County/Regional Municipality of

Wellington this 25th day of May, 20 18.


 Commissioner of Oaths

LINDSAY ALEXANDRA CLINE,
 a Commissioner, etc., Province of Ontario,
 for THE CORPORATION OF THE
 CITY OF GUELPH.
 Expires March 6, 2020
 (official stamp of Commissioner of Oaths)

APPOINTMENT AND AUTHORIZATION

I / We, the undersigned, being the registered property owner(s)

[Organization name / property owner's name(s)]

of

(Legal description and/or municipal address)

hereby authorize

(Authorized agent's name)

as my/our agent for the purpose of submitting an application(s) to the Committee of Adjustment and acting on my/our behalf in relation to the application.

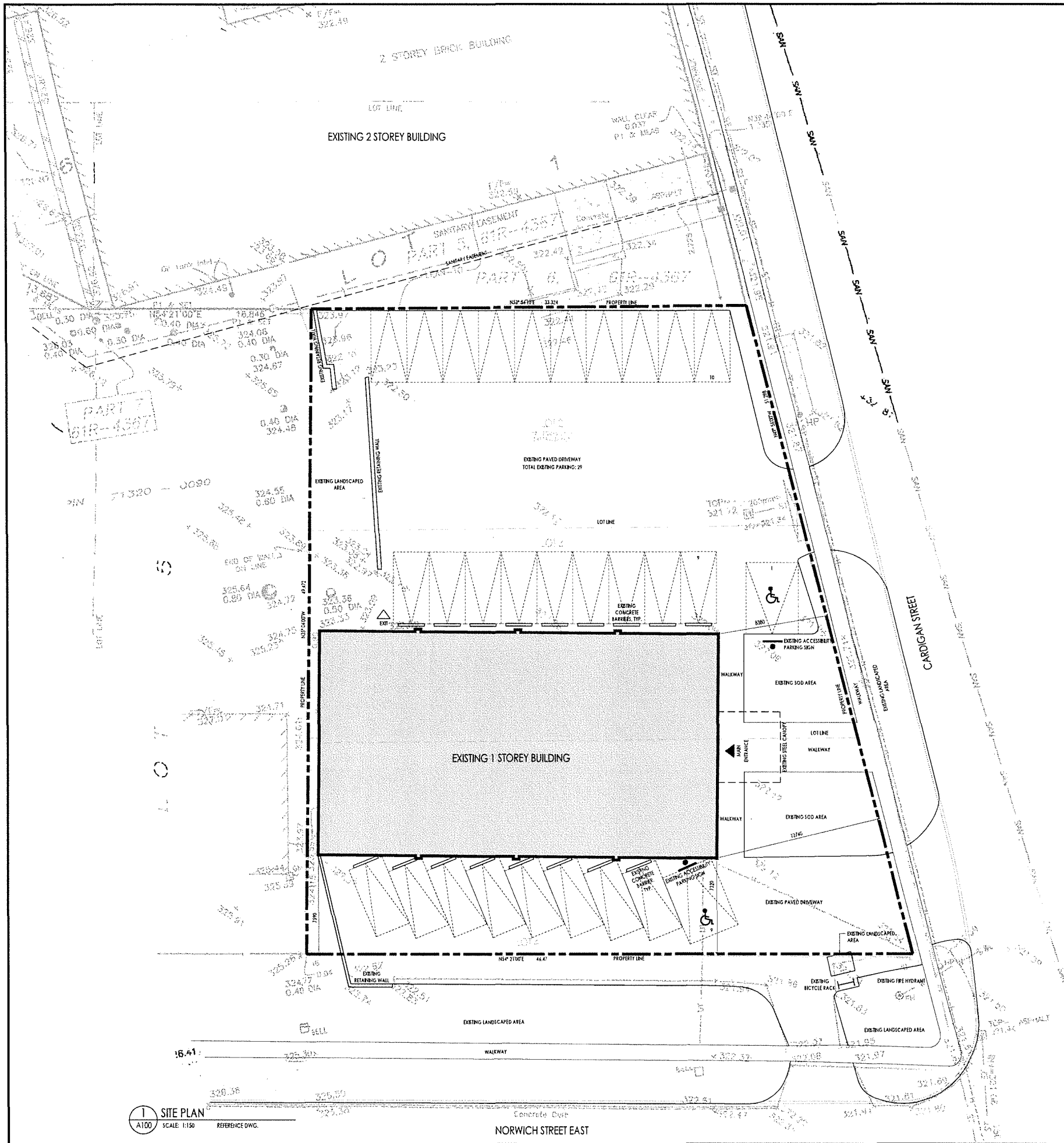
Dated this _____ day of _____ 20____.

(Signature of the property owner)

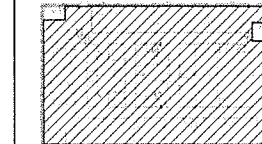
(Signature of the property owner)

NOTES:

1. If the owner is a corporation, this appointment and authorization shall include the statement that the person signing this appointment and authorization has authority to bind the corporation (or alternatively, the corporate seal shall be affixed hereto).
2. If the agent or representative is a firm or corporation, specify whether all members of the firm or corporation are appointed or, if not, specify by name(s) the person(s) of the firm or corporation that are appointed.

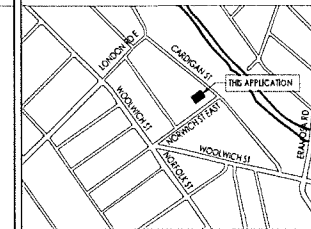


AREA OF WORK DIAGRAM



AREA OF WORK 424 m²

KEY PLAN NTS

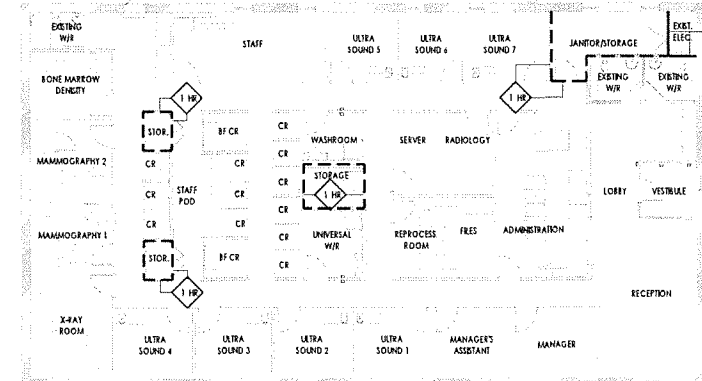


OBC MATRIX

Name of Practice:		Name of Project:		Location:	
Ike Brochu Architects Inc.		CARDIGAN STREET MEDICAL IMAGING		GUELPH, ONTARIO	
517 Wellington Street West Suite 201					
Toronto, ON					
M5V 1G1					
ITEM		Ontario 2012 Building Code Data Matrix Part 3 & 9		OBC Reference Reference is to Division B unless noted (A) for Division A or (B) for Division B	
1.	Project Description:	<input type="checkbox"/> New	<input type="checkbox"/> Part 11	<input type="checkbox"/> Part 2	<input type="checkbox"/> Part 9
		<input type="checkbox"/> Addition	11.1 to 11.4	1.1.2(A)	1.1.2(A) & 1.1.2(B)
	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Alteration			1.1.2.1
2.	Major Occupancy(s)	Group D: Business and Personal Services (Renovation - Clinic)		1.1.2.1 (I)	1.1.2.1
3.	Building Area (m ²)	Existing: 525 m ²	New: 525 m ²	Total: 525 m ²	1.4.1.2(A) & 1.4.1.2(B)
4.	Gross Area (m ²)	Existing: 525 m ²	New: 525 m ²	Total: 525 m ²	1.4.1.2(A) & 1.4.1.2(B)
5.	Number of Storeys	1 (Above Grade)	0 (Below Grade)	1.4.1.2(A) & 1.1.2.1.1	1.4.1.2(A) & 1.1.2.1.1
6.	Number of Street/Fire Fighter Access	2 Streets		1.1.2.1.1 & 1.1.2.1.1	1.1.2.1.1 & 1.1.2.1.1
7.	Building Classification	Group D: Business and Personal Services (Renovation - Clinic)		1.1.2.1.1	1.1.2.1.1
8.	Sprinkler System Proposed	<input type="checkbox"/> entire building		1.1.2.1.1	1.1.2.1.1
		<input type="checkbox"/> selected compartments		1.1.2.1.1	1.1.2.1.1
		<input type="checkbox"/> selected floor areas		1.1.2.1.1	1.1.2.1.1
		<input type="checkbox"/> basement		<input type="checkbox"/> in lieu of roof rating	INDEX
		<input type="checkbox"/> not required		1.1.2.1.1	INDEX
9.	Standpipes required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.1.2.1.1 (I)	N/A
10.	Fire Alarm required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.1.2.1.1 (B)	1.1.2.1.1
11.	Water Service/Supply is Adequate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.1.2.1.1	N/A
12.	High Building	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.1.2.1.1	N/A
13.	Construction Restrictions	<input type="checkbox"/> Combustible permitted	<input type="checkbox"/> Non-combustible required	<input type="checkbox"/> Both	1.1.2.1.1
		<input type="checkbox"/> Combustible	<input type="checkbox"/> Non-combustible	<input type="checkbox"/> Both	1.1.2.1.1
14.	Maximum Area (m ²)	None		1.1.2.1.1 (B)	1.1.2.1.1
15.	Occupant load based on	<input type="checkbox"/> m ² /person	<input type="checkbox"/> design of building	1.1.2.1.1	1.1.2.1.1
16.	Seismic Design	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Explain)	1.1.2.1.1	1.1.2.1.1
17.	Hazardous Substances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	1.1.2.1.1 & 1.1.2.1.1	1.1.2.1.1 & 1.1.2.1.1

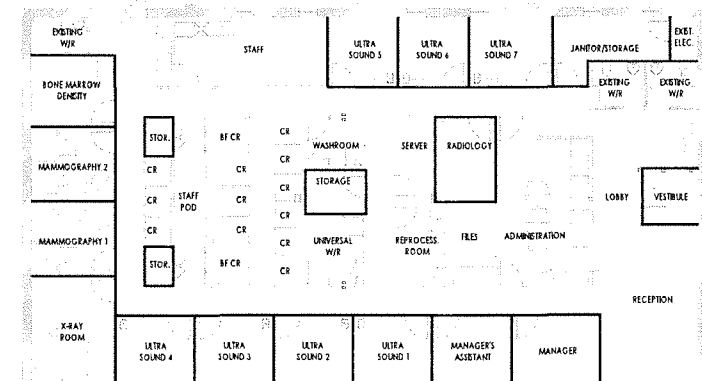
4 OBC MATRIX

A100 SCALE: 1:100 REFERENCE DWG.



3 FIRE SEPARATION DRAWING

A100 SCALE: 1:100 REFERENCE DWG.



2 GWB HEIGHT SCHEDULE

A100 SCALE: 1:100 REFERENCE DWG.

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CLIENT HISTORY:

DATE	
DATE	
DATE	

3 MAY 1, 2018 RE-ISSUED FOR BUILDING PERMIT AB

2 APR 26, 2018 ISSUED FOR BUILDING PERMIT AB

1 FEB 16, 2018 ISSUED FOR COORDINATION AB

10 DATE ISSUE BY

Issued

I&B BROCHU
ARCHITECTS INC.
517 Wellington St. W., Suite 201, Toronto, Ontario, M5V 1G1
1 416 265 1800 ibarchitects.net

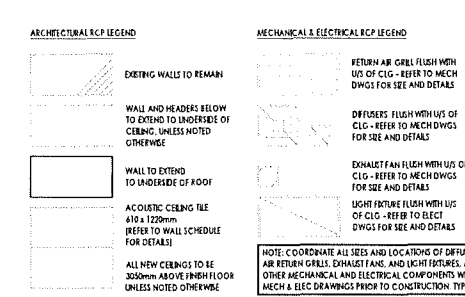
ONTARIO ASSOCIATION OF ARCHITECTS
Licence No. 6471

CARDIGAN STREET MEDICAL IMAGING GUELPH, ONTARIO

Drawing No. **SITE PLAN**

Date	NOV 15, 2017	Drawn by	MH/KK
Scale	AS NOTED	Reviewed by	AB
Project No.	17.18	Drawing No.	
Plot Date	May 01, 2018		

A100

[illegible]

CARDIGAN STREET MEDICAL WING		GUELPH, ONTARIO	
Drawing title			
<h1>PROPOSED CLINIC REFLECTED CEILING PLAN</h1>			
Date NOV 15, 2017		Drawn By MH/KK	
Scale 1:50		Reviewed By AB	
Project No. 17.18		Drawing No. A303	
File/Date May 01, 2018			

