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

<table>
<thead>
<tr>
<th>SUBJECT OF APPEAL</th>
<th>TYPE OF APPEAL</th>
<th>PLANNING ACT REFERENCE (SECTION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor Variance</td>
<td>✗ Appeal a decision</td>
<td>45(12)</td>
</tr>
<tr>
<td>Consent/Severance</td>
<td>✗ Appeal a decision</td>
<td>53(19)</td>
</tr>
<tr>
<td></td>
<td>✗ Appeal conditions imposed</td>
<td></td>
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<tr>
<td></td>
<td>✗ Appeal changed conditions</td>
<td>53(27)</td>
</tr>
<tr>
<td></td>
<td>✗ Failed to make a decision on the application within 90 days</td>
<td>53(14)</td>
</tr>
<tr>
<td>Zoning By-law or</td>
<td>✗ Appeal the passing of a Zoning By-law</td>
<td>34(19)</td>
</tr>
<tr>
<td>Zoning By-law Amendment</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>✗ Application for an amendment to the Zoning By-law – failed to make a decision on the application within 120 days</td>
<td>34(11)</td>
</tr>
<tr>
<td></td>
<td>✗ Application for an amendment to the Zoning By-law – refused by the municipality</td>
<td></td>
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<tr>
<td>Interim Control By-law</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>✗ Appeal the passing of an Interim Control By-law</td>
<td>38(4)</td>
</tr>
<tr>
<td>Official Plan or</td>
<td>✗ Appeal a decision</td>
<td>17(24) or 17(36)</td>
</tr>
<tr>
<td>Official Plan Amendment</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>✗ Failed to make a decision on the plan within 180 days</td>
<td>17(40)</td>
</tr>
<tr>
<td></td>
<td>✗ Application for an amendment to the Official Plan – failed to make a decision on the application within 180 days</td>
<td>22(7)</td>
</tr>
<tr>
<td></td>
<td>✗ Application for an amendment to the Official Plan – refused by the municipality</td>
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<tr>
<td>Plan of Subdivision</td>
<td></td>
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<tr>
<td></td>
<td>✗ Appeal a decision</td>
<td>51(39)</td>
</tr>
<tr>
<td></td>
<td>✗ Appeal conditions imposed</td>
<td>51(43) or 51(49)</td>
</tr>
<tr>
<td></td>
<td>✗ Failed to make a decision on the application within 180 days</td>
<td>51(34)</td>
</tr>
</tbody>
</table>

## Part 2: Location Information

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

Municipality/Upper tier: **City of Hamilton**
Part 3: Appellant Information

First Name: Greg       Last Name: Gowling

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

Professional Title (if applicable): Resident

E-mail Address: ggowling@cogeco.ca

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

Daytime Telephone #: 905-977-9764     Alternate Telephone #: Not Applicable

Fax #: Not Applicable

Mailing Address: 339 Old Brock Rd            Dundas

Street Address                       Apt/Suite/Unit#                City/Town

ON

Province                                Country (if not Canada)                Postal Code

Signature of Appellant: Greg Gowling

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

Date: 08/07/2015

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 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) The approval of Storage Containers to be used as permanent accessory structures on Rural Residential property, zone S1, referred to as, "Settlement Residential" under By-law 05-200

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) Under both the previous zoning by-law, section R2, and under the current zoning By-law, section 51, Storage Containers are permitted as Accessory Structures, even though they appear to be, and were previously used as Industrial Equipment

**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: August 7, 2015
(If application submitted before January 1, 2007 please use the O1pre-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.

I feel that Storage Containers are Industrial Equipment and as such, they should be banned as Accessory Structures from the S1 Zone.

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:

(Please print)
Part 8: Scheduling Information

How many days do you estimate are needed for hearing this appeal? 
- half day 
- 1 day 
- 2 days 
- 3 days 
- 4 days 
- 1 week 
- More than 1 week – please specify number of days: 

How many expert witnesses and other witnesses do you expect to have at the hearing providing evidence/testimony? 

Describe expert witness(es)' area of expertise (For example: land use planner, architect, engineer, etc.): 

Do you believe this matter would benefit from mediation? 
- YES 
- NO 

(Mediation is generally scheduled only when all parties agree to participate)

Do you believe this matter would benefit from a prehearing conference? 
- YES 
- NO 

(Prehearing conferences are generally not scheduled for variances or consents)

If yes, why? 

Part 9: Other Applicable Information **Attach a separate page if more space is required.**

Part 10: Required Fee

Total Fee Submitted: $ 12.50

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.