

# Turkstra Mazza

Hamilton London Toronto

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August 10, 2015

## VIA COURIER

Hamilton City Hall  
Office of the City Clerk  
**Attn: Rose Caterini, City Clerk**  
71 Main Street West, 1<sup>st</sup> Floor  
Hamilton, Ontario  
L8P 4Y5

Dear Ms. Caterini:

**RE: Appeal of the City of Hamilton Rural Zoning By-Law Amendment to Zoning By-Law No. 05-200 to the Ontario Municipal Board pursuant to Section 34(19) of the *Planning Act*, R.S.O. 1990, c. P.13 Pharm Meds Limited ("Pharm Meds") - Our File No. 13525**

We are counsel to Pharm Meds in this matter. Our client owns a property located at 97 5<sup>th</sup> Concession Road East in the City of Hamilton ("Subject Lands"). It proposes to use the Subject Lands for growing and harvesting medical marihuana. Our client initiated the licensing process under the *Controlled Substances Act* in 2013.

Our client made oral submissions on September 19, 2014 at the City's Planning Committee meeting. We also attended the November 27, 2014 information session and submitted written comments via the City's online comment form on December 10, 2015.

Our client is particularly concerned with the proposed treatment of medical marihuana facilities in the Rural Zoning By-Law Amendment. These facilities are simply agricultural operations and should not be subject to additional restrictions and requirements that do not apply to other agricultural operations.

Pursuant to Section 34(19) of the *Planning Act*, we hereby appeal the Rural Zoning By-Law Amendment to the Ontario Municipal Board. In particular, this appeal

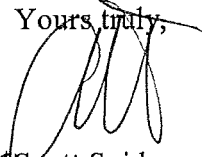
Ms. R. Caterini  
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applies to all provisions that address medical marihuana facilities, including the definition of "Medical Marihuana Growing and Harvesting Facility".

We enclose a cheque made payable to the Minister of Finance in the order of \$125.00 as the appropriate filing fee along with a completed Form A1.

Yours truly,

  
Per Scott Snider

Atss: 13525/2  
Encls.



Environment and Land Tribunals Ontario  
**Ontario Municipal Board**  
 655 Bay Street, Suite 1500 Toronto, Ontario M5G 1E5  
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 www.elto.gov.on.ca

**APPELLANT FORM (A1)  
 PLANNING ACT**

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

Date Stamp: **OFFICE OF THE CLERK**  
 AUG 10 2015

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(27)
	<input type="checkbox"/> Appeal changed conditions	53(14)
	<input type="checkbox"/> Failed to make a decision on the application within 90 days	
	<input checked="" 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	
Interim Control By-law	<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	
Plan of Subdivision	<input type="checkbox"/> Appeal a decision	51(39)
	<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**

97 5<sup>th</sup> Concession Road East  
 Address and/or Legal Description of property subject to the appeal:

Municipality/Upper tier: **City of Hamilton**

**Part 3: Appellant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Pharm Meds Limited**

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

Professional Title (if applicable): \_\_\_\_\_

E-mail Address: **See Part 4**

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: **Scott** Last Name: **Snider**

Company Name: **Turkstra Mazza Associates**

Professional Title: **Lawyer**

E-mail Address: **ssnider@tmalaw.ca**

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

Daytime Telephone #: **905-529-3476** Alternate Telephone #: \_\_\_\_\_

Fax #: **905-529-3663**

Mailing Address: **15 Bold Street, Hamilton Ontario L8P 1T3**

Street Address Apt/Suite/Unit# City/Town

Province Country (if not Canada) Postal Code

Signature of Appellant: \_\_\_\_\_ Date: **August 10, 2015**

*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):

City of Hamilton Rural Zoning By-Law Amendment to Zoning By-Law No. 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.

See attached letter

**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.

**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:

Appeal of City of Hamilton Official Plan Amendment No. 9 to the Rural Hamilton Official Plan  
Filed August 10, 2015

