

August 10, 2015

The Clerk
City of Hamilton
City Hall, 1st Floor
71 Main Street West
Hamilton, ON L8P 4Y5

Re: Appeals under s. 51(39) of the *Planning Act* by Silverwood Homes Inc.

(i) Rural Zoning By-Law No. 15-173

We are agents for Silverwood Homes Ltd. ("Silverwood"), owners of lands legally described as Part of Lot 11, Concession 4 (the "Silverwood Lands"), in the City of Hamilton (the "City"), in the former Town of Flamborough. The Silverwood Lands are comprised of approximately 32 hectares (City File No. 25T-201306) and are located in the northwest corner of Waterdown.

Please accept this correspondence as Silverwood's Notices of Appeal of the new Rural Zoning By-Law No. 15-173 as it relates to the subject lands to the north of the urban boundary zoned P7 and P8 as shown on Map 61.

#### **REASONS FOR THE APPEALS**

The following are further reasons in support of the appeals herein, which can be summarized as follows:

- 1. No new buildings or structures are permitted within the P7 and P8 Zones.
- 2. The Flamborough Zoning By-Law No. 90-145-Z designates the subject lands "Agricultural" ('A') Zone which permits a single detached dwelling.

In satisfaction of the Board's filing requirements, attached please find the Appellant Form (A1) duly executed in respect of the appeal herein, together with a certified cheque (in the amount of \$125.00) made payable to the Minister of Finance representing the Board's filing fees for this appeal.

We ask that this new appeal be forwarded to the Board as soon as possible. In the interim, kindly acknowledge the receipt and sufficiency of this correspondence and advise that the appeals has been forwarded to the Board.

Thank you for your attention to this matter.

Yours truly,

Karl Gonnsen, P.Eng, M.C.I.P., R.P.P

cc: Jack Nesbitt



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

655 Bay Street, Suite 1500 Toronto, Ontario M5G 1E5 TEL: (416) 212-6349 or Toll Free: 1-866-448-2248 FAX: (416) 326-5370

www.elto.gov.on.ca

Date Stamp - Appeal Received by Municipality

AUG 1 0 2015

OFFICE OF THE CITY CLERK

### **APPELLANT FORM (A1)** PLANNING ACT

# SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

Receipt Number (OME	1 AM 11- A-1.1	
Receiptiviim operions	(名句) 70 (名名意思 57 2 2 8 8 17 11 7 8 8 8	
, receipt itemiser (eine		

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

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

#### Part 2: Location Information

111 Parkside Drive, Part of Lot 11, Concession 4

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

Municipality/Upper tier: City of Hamilton

A1 Revised April 2010

Part 3: Appellant Information					
First Name:Jack	Last Name: Nesbitt				
Silvenwood Homes Ltd		-NC'AAAAAAAN			
Company Name or Association Name (Association must be incorporated – include copy of letter of incorporation)					
Professional Title (if applicable): President					
E-mall Address: N/A By providing an 6-mail address you agree	e to receive communications from th	e OMB by e-mail.			
Daytime Telephone #: 1-708-987-2666 Alternate	Telenhone #:				
Fex #: 1-705-887-7854	Telephone #.	and a state of the			
Malling Address: 410 Industrial Drive	Unit C	Milton			
Street Address	Apt/Suite/Unit#	City/Town			
Ontario	Who agreed a right	Oily/ Tollin			
Untario	A. A	<u>L9T 5A6</u>			
Province	Country (if not Canada)	Postal Code			
Signature of Appellant:		Date:			
(Signature not squired if the ent	peal is submitted by a law offic	e.)			
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 filled, 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 Indiv	idual(s) to represent me:				
Firet Name: Karl	Last Name: Gonnsen				
Company Name: Metropolitan Consulting Inc.					
Professional Title: <u>President M.C.I.P., R.P.P. P.Eng</u>					
E-mall Address:  Kgongsen@matrocon.ca  By providing an e-mail address you agree to receive communications from the OMB by e-mail.					
Daytime Telephone #: 905-037-2920 Ext. 227	Alternate Telephone #:				
Fax #:905-637-3268					
Malling Address: 4450 Paletta Court		Burlington			
Street Address	Apt/Guite/Unit#	City/Town			
Ontario		L7L5R2			
Province	Country (if not Canada)	Postal Code			
Signature of Appellant:		Date:			

required by the Board's Rules of Practice and Procedure, to act on behalf below.	or, please confirm of the appellant.	that you have writte Please confirm this l	en authorization, as by checking the box
I certify that I have written authorization from the appellant to act as a re behalf and I understand that I may be asked to produce this authorization	presentative with n at any time.	respect to this appea	l on his or her
Part 5: Language and Accessibility			
Please choose preferred language: English French			
We are committed to providing services as set out in the <i>Accessibility</i> any accessibility needs, please contact our Accessibility Coordinator a			2005. If you have
Part 6: Appeal Specific Information			
1. Provide specific information about what you are appealing. Number(s), Official Plan Number(s) or Subdivision Number(s):	For example:	Municipal File N	umber(s), By-law
(Please print)			
Zoning By-Law No. 15-173			
<ol> <li>Outline the nature of your appeal and the reasons for your appeal (for example: the specific provisions, sections and/or policies of your appeal - if applicable). **If more space is required, please co</li> </ol>	the Official Plan	or By-law which	are the subject of
The Zoning By-Law does not permit new buildings or structures within	n the P7 and P8	Zone.	
THE FOLLOWING SECTIONS (a&b) APPLY ONLY TO APPEAL SECTION 34(11) OF THE PLANNING ACT.	s of Zoning	BY-LAW AMENI	OMENTS UNDER
a) <b>DATE APPLICATION SUBMITTED TO MUNICIPALITY:</b> (If application submitted <u>before</u> January 1, 2007 please use the O1	ʻpre-Bill 51' form	.)	
<ul> <li>b) Provide a brief explanatory note regarding the proposal, which incleaded category, the purpose of the desired zoning by-law change, and a **If more space is required, please continue in Part 9 or attach a se</li> </ul>	description of the	g zoning category, o e lands under appe	desired zoning al:
Part 7: Related Matters (if known)			
Are there other appeals not yet filed with the Municipality?	YES	NO F	
Are there other planning matters related to this appeal?	YES 🔽	NO T	
(For example: A consent application connected to a variance applicati	on)		

A1 Revised April 2010

(Please print) Draft Plan of Subdivision 25T-201306 (to the south of the Subject Lands) Part 8: Scheduling Information How many days do you estimate are needed for hearing this appeal? half day 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.): Land Use Planner Do you believe this matter would benefit from mediation? YFS (Mediation is generally scheduled only when all parties agree to participate) YES Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents) If yes, why? The matter might settle Part 9: Other Applicable Information \*\*Attach a separate page if more space is required. -please see letter attached regarding notice of appeal Part 10: Required Fee Total Fee Submitted: \$ 125.00 **Payment Method:** Certified cheque Money Order Solicitor's general or trust account cheque

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

A1 Revised April 2010 Page 5 of 5

- 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.

A1 Revised April 2010 Page 6 of 6