

# 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:

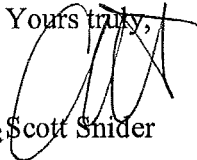
**RE: Appeal of the City of Hamilton Rural Zoning By-Law Amendment to Zoning By-Law No. 05-200 to the Ontario Municipal Board pursuant to Section 34(19) of the *Planning Act*, R.S.O. 1990, c. P.13 Weizer Investments Limited ("Weizer") - Our File No. 13374**

We are counsel to Weizer in this matter. Our client owns property legally known as Part Lots 7,8 and 9, Concession 2, Glanford in the City of Hamilton ("Subject Lands").

Our client made written submissions to City Council on July 10, 2015. It is particularly concerned with the proposed amendments to the Rural Zoning By-Law. These concerns are outlined in its submissions to Council, a copy of which is attached.

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

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

at: 13374/14  
Encls.



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.elt.o.gov.on.ca

**APPELLANT FORM (A1)  
 PLANNING ACT**

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

*Date Stamp - Appeal Received by Municipality*

**OFFICE OF THE CITY 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)
Consent/Severance	<input type="checkbox"/> Appeal a decision	53(19)
	<input type="checkbox"/> Appeal conditions imposed	
	<input type="checkbox"/> Appeal changed conditions	53(27)
	<input type="checkbox"/> Failed to make a decision on the application within 90 days	53(14)
Zoning By-law or Zoning By-law Amendment	<input checked="" type="checkbox"/> Appeal the passing of a Zoning By-law	34(19)
	<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**

**Legal: Part Lots 7, 8 and 9, Concession 2, Glanford (Binbrook)**  
 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: \_\_\_\_\_

**Weizer Investments 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:

OMB Case No. PL110331

**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?  
**One**

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? 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: \$125.00

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.