



Ontario Municipal Board
 Commission des affaires municipales de l'Ontario
 655 Bay Street, Suite 1500 Toronto, Ontario M5G 1E5
 TEL: (416) 326-6800 or Toll Free: 1-866-887-8820
 FAX: (416) 326-5370
www.omb.gov.on.ca

**APPELLANT FORM (O3)
 PLANNING ACT**

**DEMOLITION PERMIT
 (SUBMIT TO OMB)**

Instructions:

- Complete one form for each type of appeal you are filing.
- A filing fee of \$125 is required for each type of appeal you are filing. To view the Fee Schedule, visit the Board's website.
- The filing fee can be paid by certified cheque or money order, in Canadian funds, payable to the Minister of Finance.
- Do not send cash.
- Submit your completed appeal form(s) and filing fee(s) to the Ontario Municipal Board by the required filing deadline.
- Please print clearly throughout the appeal form.
- The *Planning Act*, and the *Ontario Municipal Board Act* are available at www.omb.gov.on.ca.

Receipt Number (OMB Office Use Only):

Reference Number (OMB Office Use Only):

Date Stamp - Appeal Received by OMB

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

SUBJECT OF APPEAL	TYPE OF APPEAL	PLANNING ACT REFERENCE (SECTION)
Demolition Permits	<input type="checkbox"/> Application for a demolition permit – refused by the municipality	33(4)
	<input type="checkbox"/> Application for a demolition permit – council failed to make a decision within 30 days	
	<input type="checkbox"/> Appeal against conditions imposed	33(10)
	<input type="checkbox"/> Application for relief from conditions – municipality refused or failed to make a decision within 30 days	33(15)

Part 2: Location Information

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

Municipality

Upper Tier (Example: county, district, region)

Part 3: Appellant Information (Landowner)

First Name: _____ Last Name: _____

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

Professional Title (if applicable): _____

E-mail Address: _____ Fax #: _____
By providing an e-mail address you agree to receive communications from the OMB by e-mail.

Daytime Telephone #: _____ Alternate Telephone #: _____

Mailing Address: _____
Street Address Apt/Suite/Unit# City/Town
Province Country (if not Canada) Postal Code

Signature of Appellant: _____ Date: _____

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

Daytime Telephone #: _____ Alternate Telephone #: _____

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 5: Appeal Specific Information

1. Please provide the Municipal File Number: _____
2. Outline the nature of your appeal and the reasons for your referral. Be specific.
**If more space is required please continue in Part 8 or attach a separate page.

(Please Print)

3. Provide a brief description of the lands under appeal:
**If more space is required please continue in Part 8 or attach a separate page.

Part 6: Related Matters

Are there other appeals not yet filed with the Municipality?

YES NO

Are there other planning matters related to this appeal?

YES NO

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

(Please Print)

Part 9: Required Documentation (Please check boxes to indicate document included in filing)

I confirm that I have attached the following items to this form.

Signature of Appellant/Representative: _____ Date: _____

The following material must be attached to this form where applicable, in the order which it is listed:

- A copy of the application for a demolition permit or a copy of the application for relief from conditions.
- Board fee of \$125 made payable to the Minister of Finance. The appeal will not be processed without this fee.
- A copy of any plans, sketches or drawings which are the subject of this referral.
- A copy of the conditions which are the subject of an appeal or from which relief is being requested.
- A copy of any planning report considered by Council.
- A copy of Council's refusal or an affidavit or sworn declaration certifying that Council refused or neglected to make a decision within 30 days.
- An affidavit or sworn declaration by the landowner certifying that copies of all material listed above, as well as a copy of this form, have been sent to the clerk of the municipality having jurisdiction to approve the application and that the clerk has been informed of the filing of this appeal.

Part 10: Required Fee

Total Fee Submitted: \$ _____

- Payment Method:**
- Certified cheque* Money Order
 - Cash - Do not send cash in the mail. If you are submitting your appeal to the OMB in person, you may pay with cash.

- The payment must be in Canadian funds, **payable to the Minister of Finance.**
- **Do not send cash by mail.**

*Or Solicitor's general or trust account cheque.