



## TOWNSHIP OF WAINFLEET

*"Wainfleet - find your country side!"*

### PLANNING DEPARTMENT

P.O. Box 40, 31940 Highway #3 Wainfleet, ON L0S 1V0

Tel: 905-899-3463 Fax: 905-899-2340

www.wainfleet.ca

## COMMITTEE OF ADJUSTMENT HEARING – COVID-19 PROTOCOLS

The Township of Wainfleet continues to operate under a formally declared state of emergency due to the worldwide COVID-19 Pandemic (as do the Province of Ontario and the Region of Niagara). The Township of Wainfleet continues to implement local COVID-19 mitigation measures guided by data and in keeping with the direction of senior Public Health experts.

On June 12<sup>th</sup>, 2020 the Province of Ontario announced that they are ending the temporary suspension of the Planning Act timelines as of June 22<sup>nd</sup>, 2020. As a result, the Township of Wainfleet is resuming Committee of Adjustment hearings with COVID-19 protocols in place for the health and safety of members of the public, applicants, Committee members and staff.

Committee of Adjustment hearings have been moved to the Firefighters Memorial Community Hall to ensure that appropriate physical distancing can be met. A map showing the location of the hall and the parking areas is attached.

The Township is encouraging those who wish to comment on an application (either in favour of or in opposition to) to submit written comments to the Secretary –Treasurer in advance of the hearing. All written comments will be circulated to the Committee members before consideration of the application. Contact information for the Secretary –Treasurer can be found on the Notice of Hearing.

If you plan on attending the hearing, you are required to complete the following pre-screening prior to entering the building:

Do you have any of the following right now?

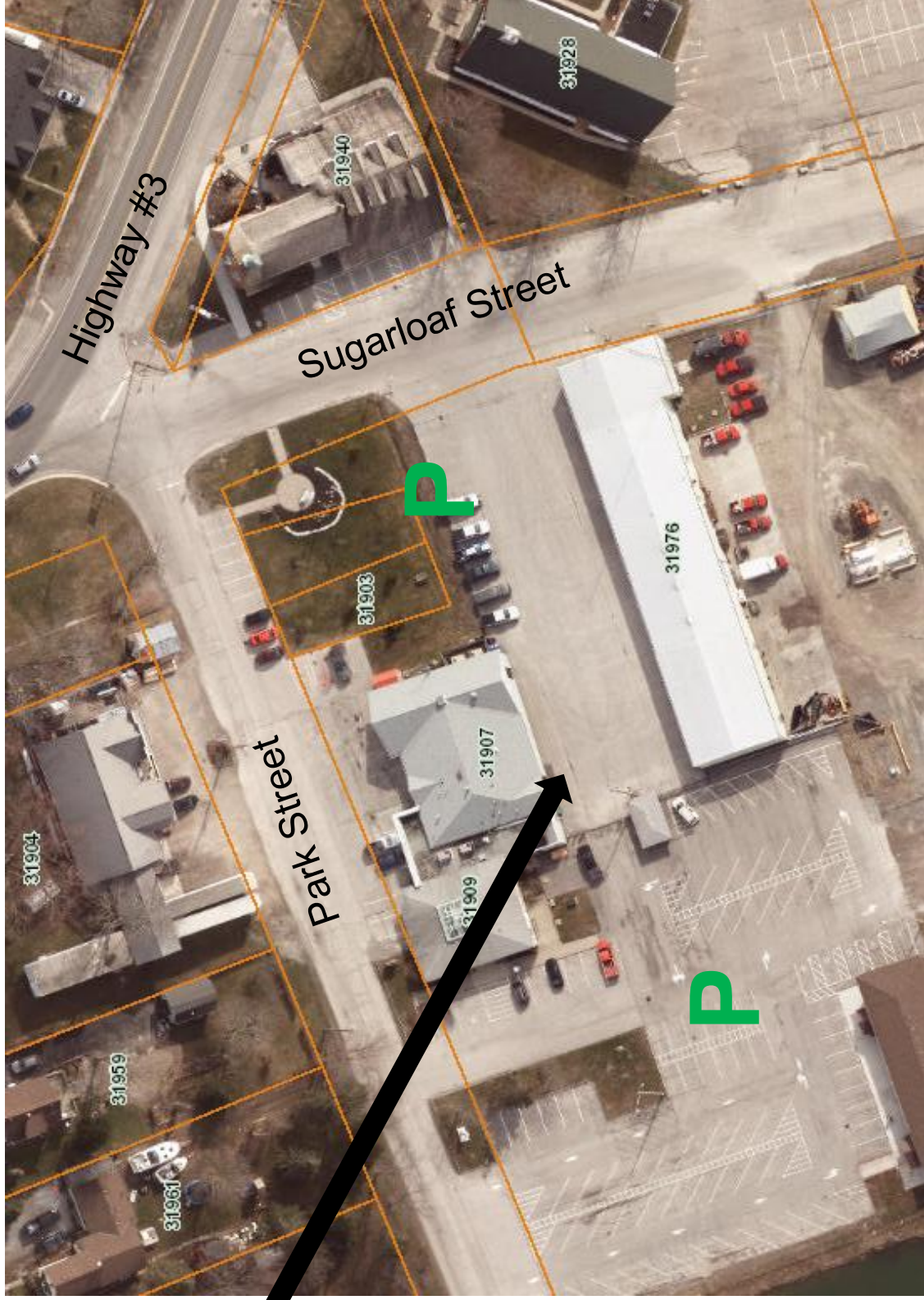
- Fever/chills
- New cough or a cough that is getting worse
- Difficulty breathing
- Shortness of breath (even when sitting or walking regularly)
- Sore throat
- A runny or congested nose (not allergies)
- Unusual level of fatigue
- Unusual headache
- Nausea/vomiting, diarrhea or loss of appetite
- Feeling unwell for an unknown reason

If the answer is YES to any of these, please do not attend the hearing and contact your healthcare professional immediately.

The following protocols will be in place for the hearing:

- A schedule will be posted on the entry doors listing the time each application is to be heard. Attendees will be required to wait outside until their application is up for consideration. In the event of inclement weather, a waiting area will be established inside the building.
- Attendees will be required to sanitize when entering the building and are encouraged to wear masks. Sanitizer will be provided at the check-in table.
- Attendees will be required to sign-in with their name and contact information before proceeding to the seating area.
- While in the building, attendees are required to maintain physical distancing (2 metres or 6 feet).
- High touch surface areas will be cleaned in between applications.

# Firefighters Memorial Community Hall 31907 Park Street



Hall  
Entrance



# Committee of Adjustment Township of Wainfleet

*"Wainfleet - find your country side!"*

www.wainfleet.ca

In the matter of the Planning Act; Revised Statutes of Ontario, 1990, Chapter P.13 and;  
In the matter of an application for minor variance on behalf of:



## Notice of Hearing

Please refer to the enclosed  
COVID-19 Protocol page prior  
to attendance.

### WHAT:

**FILE A08/2020W**

### WHO:

**Sherri Maurice (Mabo Westside Construction – Agent)**  
12129 Hock Road  
Plan 17 Lot 90 NP744, Wainfleet

### WHEN:

**WEDNESDAY August 19<sup>th</sup>, 2020 at 4:00 p.m.**

### WHERE:

**Firefighters Memorial Community Hall  
31097 Park Street, Wainfleet, ON L0S 1V0**

Notice is hereby given that an application for Minor Variance under the above noted file number will be heard by the Committee of Adjustment for the Township of Wainfleet on the date and at the time shown above.

**PURPOSE OF THIS APPLICATION:** The subject property is located on the south side of Hock Road, between Sandal Road and Walnut Hill Road. The property is zoned Residential Lakeshore – RLS.C25. An application for a minor variance has been submitted to request relief from the following provisions of Zoning By-law 034-2014 to permit the replacement of the existing dwelling with a 1044ft<sup>2</sup> (97m<sup>2</sup>) dwelling:

Section of Bylaw	By-law Requirement	Application Request	Difference
Section 4.13 Table 1 Street Setback Requirements	10m	3.8m	6.1m
Section 7.2.1 Table 10 Minimum Rear Yard Setback	10m	9.2m	0.8m
Section 7.2.1 Table 10 Maximum Lot Coverage	25%	26%	1%



## Information

### WHAT IS THIS?

This is a public hearing called for the purpose of hearing evidence for, or in opposition to, the above noted application. If you are aware of any person interested in or affected by this application who has not received a copy of this notice you are asked to inform that person of this hearing. If you have comments on this application they may be forwarded in writing to the Secretary-Treasurer at the address below or you may appear in person or by counsel and make a verbal presentation to the Committee.

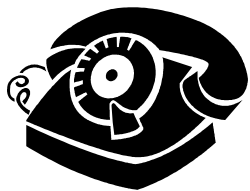


## Have Your Say

### YOUR INPUT IS ENCOURAGED! WE ARE LISTENING!

The Committee would appreciate receiving your written comments regarding this application by **August 12<sup>th</sup>, 2020**. If the Secretary-Treasurer does not receive your comments by this date, it will be presumed you have no objection to the proposal. Should an extension be required, please contact the Secretary-Treasurer. Unless indicated otherwise, personal information and all comments will become part of the public record and may be publicly released.

The applicant or authorized agent of the applicant must be present at the hearing. Take notice that if you do not attend this hearing, the Committee may proceed in your absence and you will not be entitled to any further notice in the proceedings.



## Contact Us

### NEED MORE INFORMATION?

TOWNSHIP OF WAINFLEET COMMITTEE OF ADJUSTMENT  
P.O. BOX 40, 31940 Highway #3  
Wainfleet, Ontario, L0S 1V0  
905-899-3463, ext. 226  
Fax: 905-899-2340  
Email: [eshacklette@wainfleet.ca](mailto:eshacklette@wainfleet.ca)

Erin Shacklette  
Secretary - Treasurer

Dated this 23rd day of July, 2020



## Legal Notice

### IMPORTANT INFORMATION:

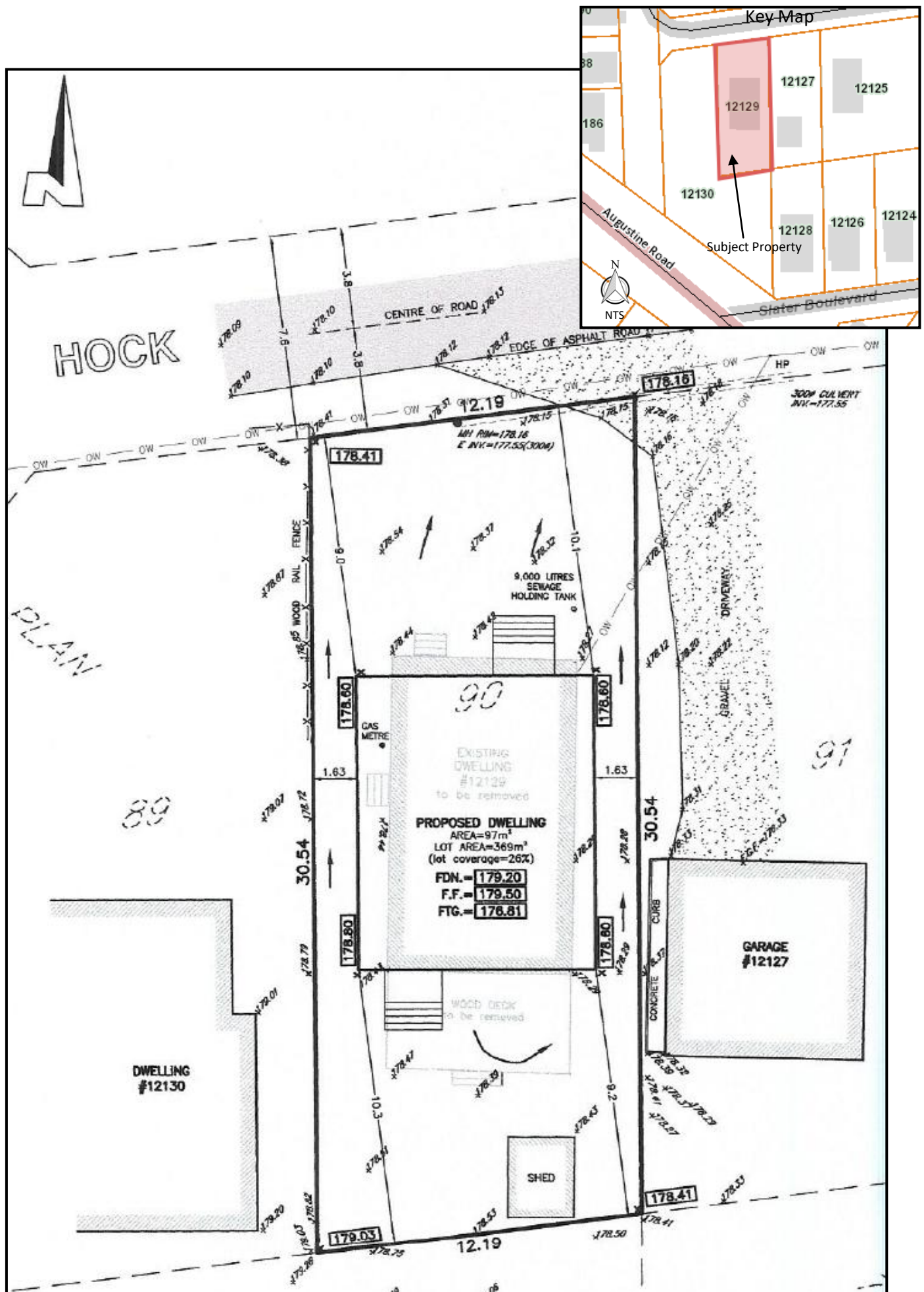
If you wish to be notified of the decision of the Committee of Adjustment in respect of this application, you must submit a written request to the Secretary-Treasurer at the address indicated above. This will also entitle you to be advised of a possible Local Planning Appeal Tribunal (LPAT) Hearing. If a person or public body that files an appeal of a decision of the Committee of Adjustment does not make written submissions to the Committee before it gives or refuses to give approval, the Local Appeal Tribunal may dismiss the appeal.



**Committee of Adjustment**  
**Township of Wainfleet**

*"Wainfleet - find your country side!"*

[www.wainfleet.ca](http://www.wainfleet.ca)



# Minor Variance Application

Section 45 of the Planning Act, R.S.O 1990, As Amended

Township of Wainfleet  
Committee of Adjustment  
31940 Highway #3  
Wainfleet, ON L0S 1V0

Tel: 905-899-3463 Fax: 905-899-2340



## For Office Use Only

Date Received: June 25 2020	Received By: Erin Shacklette
Application Deemed Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Deemed Complete:
Roll Number: 2714 000 005 143 00	File No.: A08 / 2020W

Note: Prior to completing this form, the applicant should read the minor variance brochure. Please type or write clearly using blue or black ink.

## SECTION 1 – CONTACT INFORMATION

Owner Information	
Registered Owner(s): (please indicate names exactly as shown on the Transfer Deed of Land)	
Sherri Lynn Maurice	
Mailing Address (Street address, unit number, city and postal code)	
12129 Hock Rd., Wainfleet, ON L0S1V0	
Phone Number	Fax Number
905-931-8092	
Email Address	
sherri.maurice@hotmail.com	
Solicitor Information (if applicable)	
Owner's Solicitor:	
Mailing Address (Street address, unit number, city and postal code)	
Phone Number	Fax Number
Email Address	
Authorized Agent Information (if applicable)	
Owner's Authorized Agent:	
MaBo Westside Construction Ltd., Jeff Obdeyn, Cindy Obdeyn	
Mailing Address (Street address, unit number, city and postal code)	
137 Chantler Rd., Welland, ON L3B 5N8	
Phone Number	Fax Number
905-732-3003	905-732-0622
Email Address	
jeff@mabowestsideconstruction.ca, cindyo@mabowestsideconstruction.ca	
Please specify to whom all communications should be sent:	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Solicitor <input checked="" type="checkbox"/> Agent	

## SECTION 2 – LOCATION OF SUBJECT LAND

Address of Subject Property (Street address, unit number, city)
12129 Hock Rd., Wainfleet
Legal Description (lot, concession, registered plan, etc.)
Plan 17 Lot 90 NP744 90 NP744 REG 0.09AC
Are there any easements or restrictive covenants affecting the land?
<input type="checkbox"/> Yes (explain below) <input checked="" type="checkbox"/> No
Date of acquisition of subject land by current Owner:
April 2011

SECTION 3 – SKETCH

An application must be accompanied by a metric site plan drawn to scale and must show the following information:

- The boundaries and dimensions the subject land;
- The road and access onto the subject land;
- The location, size, height and type of all existing structures on the subject land and the distances of each to the property line;
- The location, size, height and type of all proposed structures on the subject land and the distances of each to the property line;
- The location of all natural (trees, hedges etc.) and manmade features (deck, pool, fence, gazebos etc.) on the subject lands that in the opinion of the applicant may affect the application
- The location of the well (if applicable), septic tank and bed and the distances to all proposed structures;
- The location and type of easement affecting the subject land (if applicable);
- The location and number of existing and proposed parking spaces with dimension.

SECTION 4 – SUBJECT LAND INFORMATION

Zoning	Township Official Plan Designation	Regional Official Plan Designation
Frontage (m):	Depth (m):	Area (m <sup>2</sup> or ha):
Existing Land Use		Proposed Land Use
Type of access to subject parcel: <div><input type="checkbox"/> Provincial Highway      <input type="checkbox"/> Municipal Road maintained all year      <input type="checkbox"/> Water Access <input type="checkbox"/> Regional Road      <input type="checkbox"/> Municipal Road maintained seasonally      <input type="checkbox"/> Right-of-Way <input type="checkbox"/> Private Road      <input type="checkbox"/> Other Public Road</div>		
Type of water supply proposed for subject parcel: <div><input type="checkbox"/> Publicly owned and operated piped water      <input type="checkbox"/> Cistern <input type="checkbox"/> Well (private or communal)      <input type="checkbox"/> Other: _____</div>		
Type of sewage disposal proposed for subject parcel: <div><input type="checkbox"/> Publicly owned and operated sanitary sewage system      <input type="checkbox"/> Other: _____ <input type="checkbox"/> Septic system (private or communal)</div>		
Existing Structures		Proposed Structures

SECTION 5 – NATURE & EXTENT OF RELIEF APPLIED FOR

Bylaw Section	Bylaw Requirement	Requested Variance

Is this an extension of a legal non-conforming building, structure or use?

☐ Yes      ☐ No

Is this a change in use (legal non-conforming?)

☐ Yes      ☐ No

If yes,

Existing Use:      Proposed Use:

**SECTION 6 – PURPOSE OF THE APPLICATION**

What are you proposing to make this application necessary? (Use an extra page if necessary)

**SECTION 7 – JUSTIFICATION OF REASONS**

Why is it not possible to comply with the provisions of the bylaw? (Use an extra page if necessary)  
Demonstrate how the variance is minor in nature, how the variance is appropriate and desirable for the use of land and how the variance meets the intent of the Official Plan and Zoning Bylaw. If you wish, you can include photos or letters of support.

**SECTION 8 – CONSENT TO THE USE AND DISCLOSURE OR PERSONAL INFORMATION**

All submission materials on file, including cover letters, application forms and plans will be made available to the public for viewing at the Township office, as required under Section 1.0.1 of the Planning Act, R.S.O. 1990 C.P.13. Personal information on file with the Planning Department is collected under the authority of the Planning Act and will be used to process the application.

I/We \_\_\_\_\_ am/are the owner(s) of the land that is the subject of this application for minor variance and for the purposes of the *Municipal Freedom of Information and Privacy Act*, I/We authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the *Planning Act* for the purposes of processing this application.

Sherri Maurice  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**SECTION 9 – POSTING OF PUBLIC HEARING SIGN**

A public hearing sign is required to be posted by all applicants or agents on each property under application. A sign will be made available to you after review of your application(s) and you are directed to post each sign in a prominent location that will enable the public to observe the sign. The location of each sign will depend on the lot and location of structures on it, however, the sign should be placed so as to be legible from the roadway in order that the public can see the sign and make note of the contact information should they wish to make inquiries. In most cases, please post the sign on a stake. Please take a picture from the roadway and email it to the Secretary-Treasurer for confirmation of its location and it will be placed in the file as evidence of the requirement.

Each sign must remain posted a minimum of 10 days prior to the hearing, until the day following the hearing. Should a sign go missing or become damaged or illegible please contact the Secretary-Treasurer as soon as possible and a replacement sign will be provided. Failure to post the sign as required may result in deferral of your application(s).

I/We \_\_\_\_\_ am/are the owner(s) of the land that is the subject of this application for minor variance and I/We agree to post the required sign(s) a minimum of 10 days prior to the hearing and will remain posted, and replaced if necessary, until the day following the hearing.

<u>Sherri Maurice</u>	_____
Signature of Owner	Date
_____	_____
Signature of Owner	Date

**SECTION 10 – PERMISSION TO ENTER**

I/We \_\_\_\_\_ am/are the owner(s) of the land that is the subject of this application for minor variance and I/We authorize the members of the Committee of Adjustment and Township staff to enter onto the property for the purposes of evaluating the merits of the application(s).

<u>Sherri Maurice</u>	_____
Signature of Owner	Date
_____	_____
Signature of Owner	Date

**SECTION 11 – AUTHORIZATION FOR AGENT (If applicable)**

If the applicant is not the owner of the land that is the subject of this application, the authorization set out below must be completed by the owner(s). All registered owners must complete the authorization form for it to be valid.

Please Note: if the owner is a Corporation, the application must be signed by an officer of the Corporation and the Corporation’s seal (if any) should be affixed or the words “I have the authority to bind the Corporation” may be printed under the signing officer’s name instead of affixing the Corporate seal.

I/We \_\_\_\_\_ am/are the owner(s) of the land that is the subject of this application for minor variance and I/We hereby authorize \_\_\_\_\_ as my/our agent for the purpose of submitting an application(s) to the Committee of Adjustment for a minor variance or for permission in accordance with Subsections 1 or 2 of Section 45 of the Planning Act, R.S.O. 1990, as amended.

<u>Sherri Maurice</u>	_____
Signature of Owner	Date
_____	_____
Signature of Owner	Date



**SECTION 12– AFFIDAVIT OF OWNER(S) OR AUTHORIZED AGENT**

The declaration below must be signed in the presence of a Commissioner for Taking Affidavits. This may be done when presenting your application at the Township office. Please make sure to bring your photo I.D. with a signature.

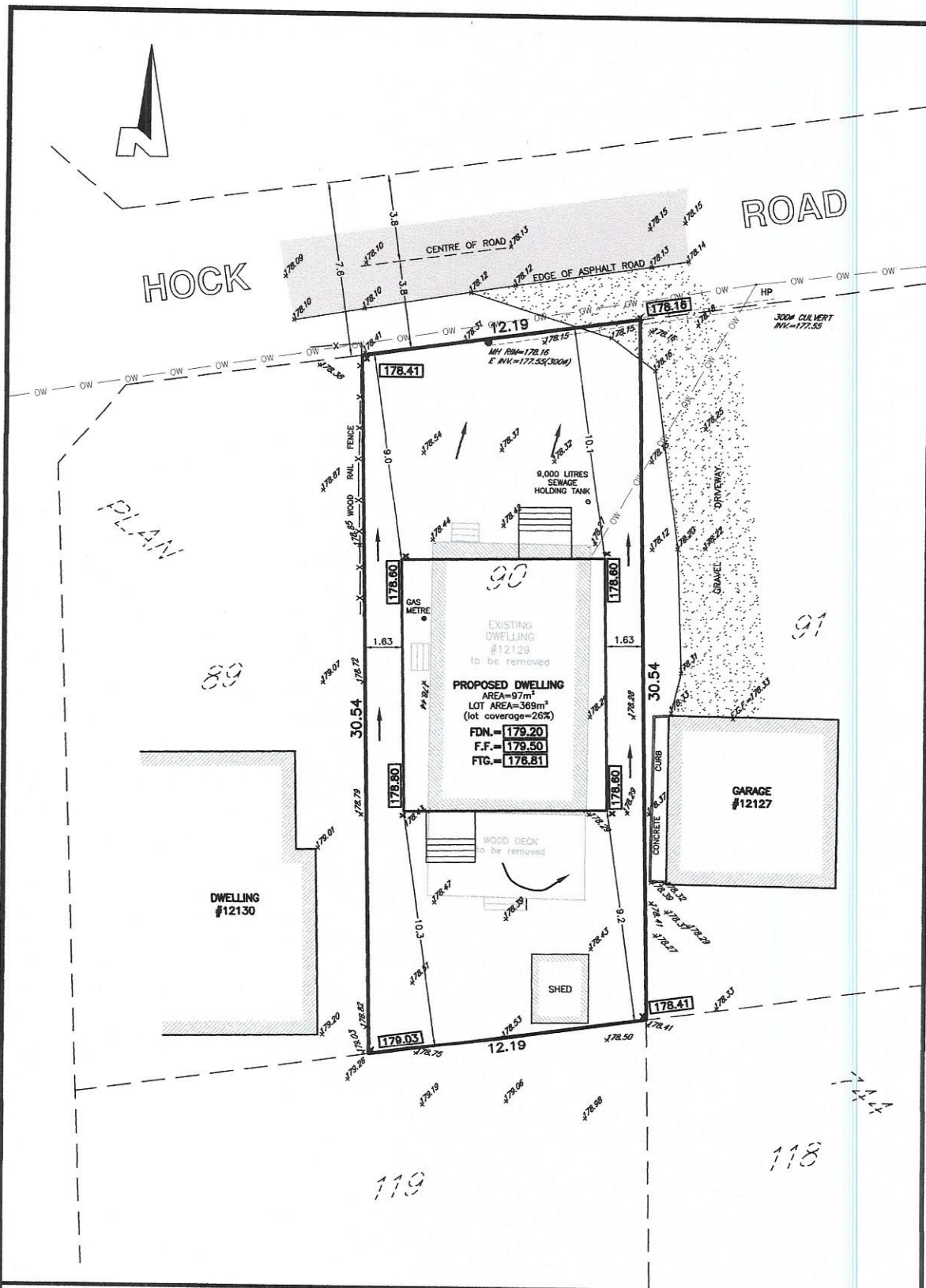
Please Note: if the owner is a Corporation, the application must be signed by an officer of the Corporation and the Corporation’s seal (if any) should be affixed or the words “I have the authority to bind the Corporation” may be printed under the signing officer’s name instead of affixing the Corporate seal.

I/We, \_\_\_\_\_ of the City/Town/Township of \_\_\_\_\_

in the County/Region of \_\_\_\_\_ do solemnly declare that all statements contained in this application are true and I/We make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and virtue of the Canada Evidence Act.

SWORN before me at the City/Town/Township of	)	
	)	
_____ in the	)	
	)	Signature of Owner or Authorized Agent
County/Region of _____	)	
	)	
this _____ day of _____ 20 ____	)	
	)	Signature of Owner or Authorized Agent

\_\_\_\_\_  
A Commissioner etc.



**SKETCH SHOWING PROPOSED GRADES**  
**LOT 90, PLAN 744**  
 IN THE  
**TOWNSHIP OF WAINFLEET**  
**REGIONAL MUNICIPALITY OF NIAGARA**  
 SCALE 1 : 200 (METRIC)

**BENCHMARK:**  
 ELEVATIONS HEREON ARE GEODETIC AND WERE DERIVED FROM THE TOPNET RTK NETWORK, NAD83 CSRS, VERSION 3, EPOC 2010.

**NOTE:** THIS SKETCH IS PREPARED FROM COMPILED AND CALCULATED INFORMATION, NOT FROM AN ACTUAL SURVEY. DO NOT SCALE FROM THIS DRAWING. ALL MEASUREMENTS ARE +/- MEASUREMENTS.

**"THIS IS NOT AN ORIGINAL COPY UNLESS EMBOSSED WITH SEAL"**

**CAUTION:** THIS IS NOT A PLAN OF SURVEY AND SHALL NOT BE USED EXCEPT FOR THE PURPOSE INDICATED IN THE TITLE BLOCK

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THE REPRODUCTION, ALTERATION OR USE OF THIS SKETCH, IN WHOLE OR IN PART WITHOUT THE EXPRESS WRITTEN PERMISSION OF CHAMBERS AND ASSOCIATES SURVEYING LTD. IS STRICTLY PROHIBITED.

#### PROPOSED GRADING

I HEREBY CERTIFY THAT THE PROPOSED GRADING SHOWN CONFORMS WITH SOUND ENGINEERING DESIGN AND THAT THE PROPOSED GRADING IS IN CONFORMITY WITH THE ADJACENT LANDS.

NAME: **DONALD G. CHAMBERS, B.Sc., O.L.S.**

FIRM: **CHAMBERS AND ASSOCIATES SURVEYING LTD.**

SIGNATURE: *[Signature]*

DATE: **JUNE 23, 2020**

ACCEPTED BY TOWNSHIP: \_\_\_\_\_

#### LEGEND

173.75	PROPOSED ELEVATION
173.75	EXISTING GROUND ELEVATION
(173.90)	FINISHED ELEVATION
—	DRAINAGE DIRECTION
F.F.	FINISHED FLOOR ELEVATION
F.G.F.	FINISHED GARAGE FLOOR ELEVATION
FND.	TOP OF FOUNDATION ELEVATION
FTG.	TOP OF FOOTING ELEVATION
—	DOWNSPOUT & DIRECTION

#### AS CONSTRUCTED GRADING

I HEREBY CERTIFY THAT I HAVE TAKEN THE FINISHED GRADES SHOWN WITH RESPECT TO THIS LOT AND THAT THEY GENERALLY CONFORM TO THE APPROVED GRADING PLAN.

NAME: \_\_\_\_\_

FIRM: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ACCEPTED BY TOWNSHIP: \_\_\_\_\_

DATE: \_\_\_\_\_

**CHAMBERS AND ASSOCIATES**  
**SURVEYING LTD.**

12 THOROLD ROAD EAST (905) 735-7841 / 735-7844  
 WELAND ONTARIO L3C 3T2 FAX (905) 735-7333  
 www.cas-surveying.com

DWG **20026\_GP** FILE **20-26**





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**GENERAL NOTES:**  
1. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE CANADIAN NATIONAL BUILDING CODE (CNBC) AND THE ONTARIO BUILDING CODE (OBC).  
2. ALL DIMENSIONS ARE GIVEN IN METERS.  
3. ALL DIMENSIONS ARE GIVEN TO THE FACE UNLESS OTHERWISE NOTED.  
4. ALL DIMENSIONS ARE GIVEN TO THE CENTERLINE UNLESS OTHERWISE NOTED.  
5. ALL DIMENSIONS ARE GIVEN TO THE OUTSIDE UNLESS OTHERWISE NOTED.  
6. ALL DIMENSIONS ARE GIVEN TO THE INSIDE UNLESS OTHERWISE NOTED.  
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8. ALL DIMENSIONS ARE GIVEN TO THE OUTSIDE UNLESS OTHERWISE NOTED.  
9. ALL DIMENSIONS ARE GIVEN TO THE INSIDE UNLESS OTHERWISE NOTED.  
10. ALL DIMENSIONS ARE GIVEN TO THE CENTERLINE UNLESS OTHERWISE NOTED.

**KEY PLAN:**  
1. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE CANADIAN NATIONAL BUILDING CODE (CNBC) AND THE ONTARIO BUILDING CODE (OBC).  
2. ALL DIMENSIONS ARE GIVEN IN METERS.  
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9. ALL DIMENSIONS ARE GIVEN TO THE INSIDE UNLESS OTHERWISE NOTED.  
10. ALL DIMENSIONS ARE GIVEN TO THE CENTERLINE UNLESS OTHERWISE NOTED.

**QUALIFICATION INFORMATION:**  
The undersigned hereby certifies that he/she is a duly qualified professional engineer in the Province of Ontario and is duly registered with the Professional Engineers of Ontario (PEO) under the name of **WESTSIDE CONSTRUCTION LTD.** and is duly registered with the Professional Engineers of Ontario (PEO) under the name of **WESTSIDE CONSTRUCTION LTD.**

**REGISTERED PROFESSIONAL ENGINEER:**  
NAME: **WESTSIDE CONSTRUCTION LTD.**  
FIRM: **WESTSIDE CONSTRUCTION LTD.**  
ADDRESS: **WESTSIDE CONSTRUCTION LTD.**  
CITY: **WESTSIDE CONSTRUCTION LTD.**  
PROVINCE: **WESTSIDE CONSTRUCTION LTD.**  
COUNTRY: **WESTSIDE CONSTRUCTION LTD.**

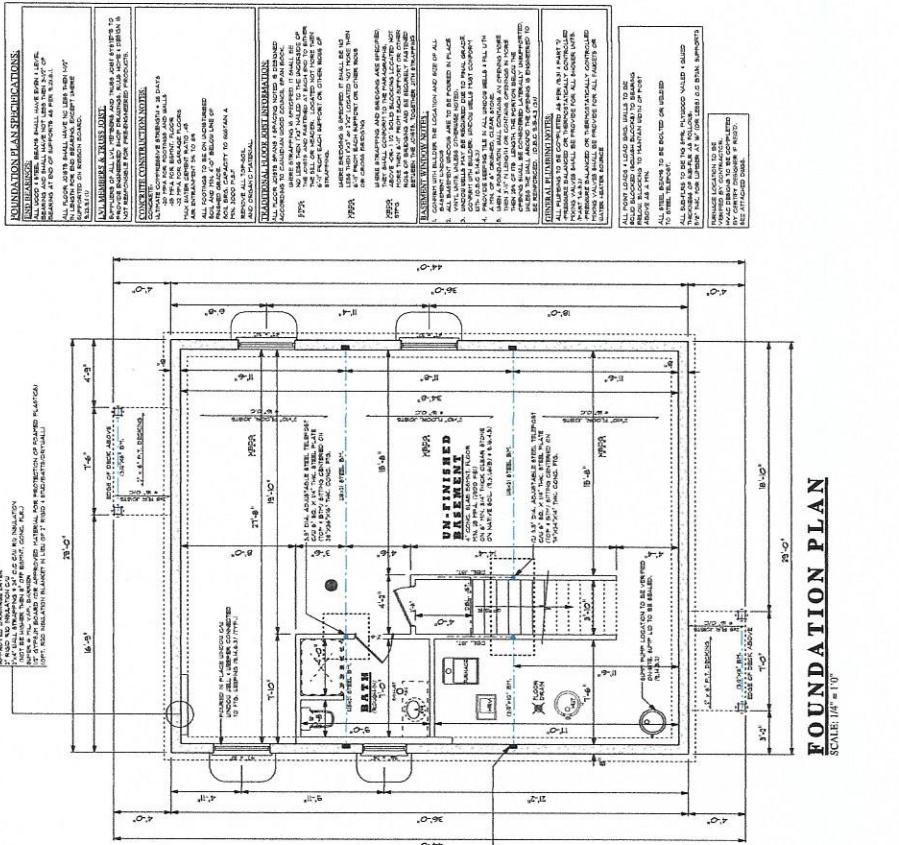
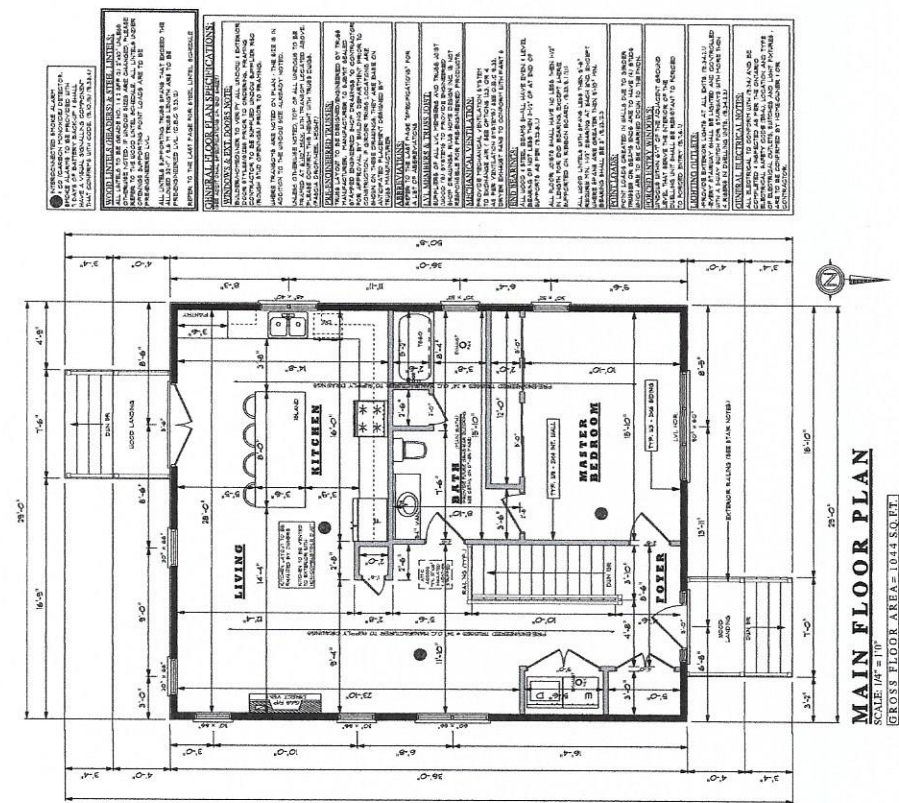


**RIJUS**  
Home Design Inc.  
SERVING ALL ONTARIO WITH  
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1000 SHEPPARD AVENUE EAST, SUITE 100  
MARKHAM, ONTARIO L3R 9V4  
TEL: (905) 477-8888  
WWW.RIJUS.COM

**PROJECT INFORMATION:**  
12129 HOCK ROAD  
MARKHAM, ONTARIO L3R 9V4  
PROJECT NUMBER: RJP-2020-771  
DATE: 2020  
SCALE: NOTED

**TITLE:**  
FOUNDATION PLAN  
& MAIN FLOOR PLAN

**PAGE NUMBER:**  
2 OF 3





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**HOSPITAL PLAN & DESIGN NOTES:**

- ALL CONSTRUCTION & MATERIALS SHALL CONFORM TO THE LATEST EDITION OF THE CBC (CANADIAN BUILDING CODE).
- ALL DIMENSIONS ARE IMPERIAL.
- ALL DIMENSIONS ARE MEASURED AT THE CONTRACTION POINTS TO ADJACENT CONSTRUCTION.
- CHECK CONTRACT OR CLAUSE TO SUE VARIETY & AT THE JOB SITE PRIOR TO ORDERING. IF ANY ERROR FOR OVERSEAS ARE FOUND

ON THESE DRAWINGS, THEY SHALL BE REPORTED TO THE DESIGNER PRIOR TO CONSTRUCTION. MUST CHECK DRAWINGS, THESE PLANS FORTH THE BASIS OF THE PERMIT ISSUANCE AND ANY IMPROVEMENTS FROM THESE PLANS AND DETAILS INCLUDING, BUT NOT LIMITED TO: VENTILATION, HEATING SYSTEM, WOOD STOVE, FIREPLACES, DRINKS, BALCONIES & FENCED MOUNTAINS WILL REQUIRE REVISED DRAWINGS AND CLEARANCE BY THE BUILDING DEPT. & SHOWN BY LICENSED DRYWATER. ALL AUTHORIZED LEGAL COPIES OF DRAWINGS HAVE INDUSTRIAL ORGANA

ONLY DRAWINGS THAT HAVE THE SIGNED RED CIRCLE STAMP AND ARE ACCOMPANIED BY A MATCHING SIGNED SCHEDULE 1 BCIN FORM ARE TO BE USED FOR PERMIT APPLICATION.

### KEY MAP

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1000

has been redesigned has reviewed and taken responsibility for this design, and has the qualifications and meets the requirements set out in the Ontario Building Code as to design.

SON SCHULTRA 37158  
NAME: BCIN:

REGISTRATION INFORMATION  
required unless design is exempt under Div. C, 3.2.4  
of the building code

FIRM NAME: JUS HOME DESIGN INC. 100-572  
EBCIN:

SIGNATURE



RIUS

Home Design Inc.  
SERVING ALL ONTARIO WITH  
DESIGNS FOR CUSTOM HOMES.

310 OLIVEN ST. DUNNVILLE, ON.  
PHONE: (905) 711-1118  
EMAIL: JASON@JULIES.COM  
WWW.JULIES.COM

PROJECT INFORMATION:

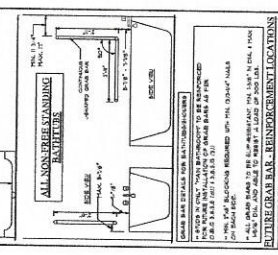
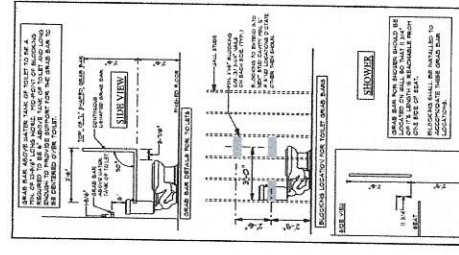
**HUCK ROAD**

1944 SOFT BUNGALOW	TOWN   12129 HOCK RD, WARPLETT DES: MAJO WETSIDE CONSTRUCTION CY PACKAGE: ZONE 1, A1 IT BOOR PATER   NORTH	MAY
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DATE: 2/2/20	SCALE: NOTED
PROJECT NUMBER: RJF-2020-771	
TITLE:	

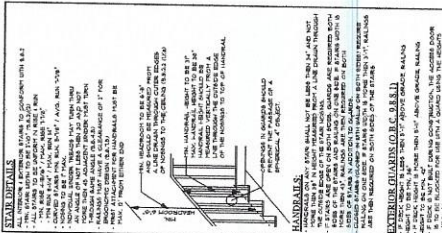
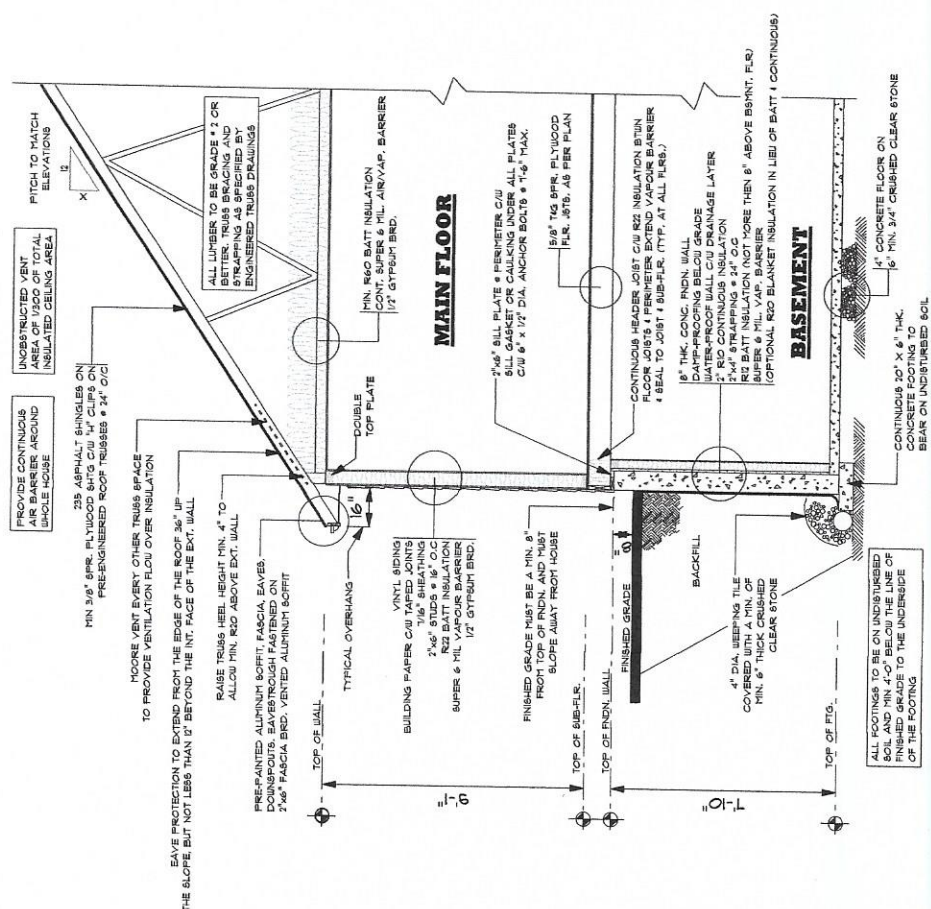
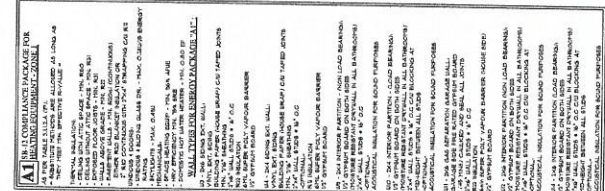
NUMBER 1	SPECIFICATIONS
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3 OF 3



<b>TOPIC: AFRICAN AMERICANS</b> (1997-2000)	
1996 - AFRICAN AMERICANS 1997 - AFRICAN AMERICANS 1998 - AFRICAN AMERICANS 1999 - AFRICAN AMERICANS 2000 - AFRICAN AMERICANS	1996 - AFRICAN AMERICANS 1997 - AFRICAN AMERICANS 1998 - AFRICAN AMERICANS 1999 - AFRICAN AMERICANS 2000 - AFRICAN AMERICANS

MEMBER NOTICING (0233.5.1)		MEMBER DRILLING (0233.5.1)	
<p>THIS FORM IS TO BE FILLED OUT BY THE MEMBER NOTICING THE VIOLATION. IT IS TO BE SUBMITTED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS OF THE NATIONAL ASSOCIATION OF REALTORS.</p> <p>THIS FORM IS TO BE FILLED OUT BY THE MEMBER DRILLING THE VIOLATION. IT IS TO BE SUBMITTED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS OF THE NATIONAL ASSOCIATION OF REALTORS.</p>		<p>THIS FORM IS TO BE FILLED OUT BY THE MEMBER DRILLING THE VIOLATION. IT IS TO BE SUBMITTED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS OF THE NATIONAL ASSOCIATION OF REALTORS.</p> <p>THIS FORM IS TO BE FILLED OUT BY THE MEMBER DRILLING THE VIOLATION. IT IS TO BE SUBMITTED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS OF THE NATIONAL ASSOCIATION OF REALTORS.</p>	
<p>NAME OF MEMBER NOTICING: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p> <p>PHONE: _____</p>		<p>NAME OF MEMBER DRILLING: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____ STATE: _____ ZIP: _____</p> <p>PHONE: _____</p>	
<p>DATE OF VIOLATION: _____</p> <p>TIME OF VIOLATION: _____</p> <p>LOCATION OF VIOLATION: _____</p>		<p>DATE OF VIOLATION: _____</p> <p>TIME OF VIOLATION: _____</p> <p>LOCATION OF VIOLATION: _____</p>	
<p>DESCRIPTION OF VIOLATION: _____</p>		<p>DESCRIPTION OF VIOLATION: _____</p>	
<p>REMARKS: _____</p>		<p>REMARKS: _____</p>	
<p>SIGNATURE OF MEMBER NOTICING: _____</p>		<p>SIGNATURE OF MEMBER DRILLING: _____</p>	
<p>DATE: _____</p>		<p>DATE: _____</p>	

[illegible][illegible]

**TYP. CROSS SECTION**  
ENERGY PACKAGE "A1" SCALE: 3/8" = 1'0"



PERMIT #: L0084-08

PERMIT VALID FOR ONE YEAR

RECEIPT #: 149874

DATE OF RECEIPT: July 9/08

**PERMIT TO CONSTRUCT OR DEMOLISH**

FOR CONSTRUCTION OR ALTERATION OF A SEWAGE SYSTEM IN Wainfleet  
MUNICIPALITY

Name of Applicant: White Cap/Linda Lucas Telephone #: (905) 899-3336

Mailing Address: P10, Box 38, Wainfleet, Ontario L0S 1V0

Location of Sewage Disposal Unit 21129 Hock Road  
Street and Number Subdivision Lot/Pt Lot Conc/Plan # Roll #

Dwelling Type: Cottage Size: <100 Sq Metres

# Bedrooms: 2 Daily Sewage Flow Rate: 1100 Litres Per Day

**TANK SIZE Specifications for a Class 4, 5 Sewage Systems**

Litres: 9000 Holding Tank Gallons: \_\_\_\_\_

**DISPOSAL BED**

Minimum length of weep tile \_\_\_\_\_ metres or \_\_\_\_\_ feet in a \_\_\_\_\_ cm. or \_\_\_\_\_ inches wide trench.

Conditions of Approval and Reason (e.g. fill, grading, drainage improvements, design sewage flows) ☒

OR

Reasons where Proposal not Acceptable (add additional pages if required) ☐

July 11/08 - Existing system appears defective - R.I.'s Taken.  
Effluent appears to be escaping the system as to ground  
surface. etc.

**CERTIFICATE OF ISSUANCE**

Application approved and this Certificate of Issuance under the Building Code Act, S.O. 1992 and O.Reg. 22/98 is hereby issued for the proposal outlined on the application and its attachments as amended by the requirements and conditions provided that the sewage system shall be completed and an Occupancy Permit issued within 12 months of the issue hereof or such extended period as the Chief Building Official on application allows.

**DO NOT OPERATE THE SYSTEM UNTIL A FINAL INSPECTION HAS BEEN CONDUCTED AND APPROVED.**

July 15/08  
Inspected

D. R. Smith  
Inspector

July 15/08  
Date

Issued

W. Hunter  
Chief Building Official

Date

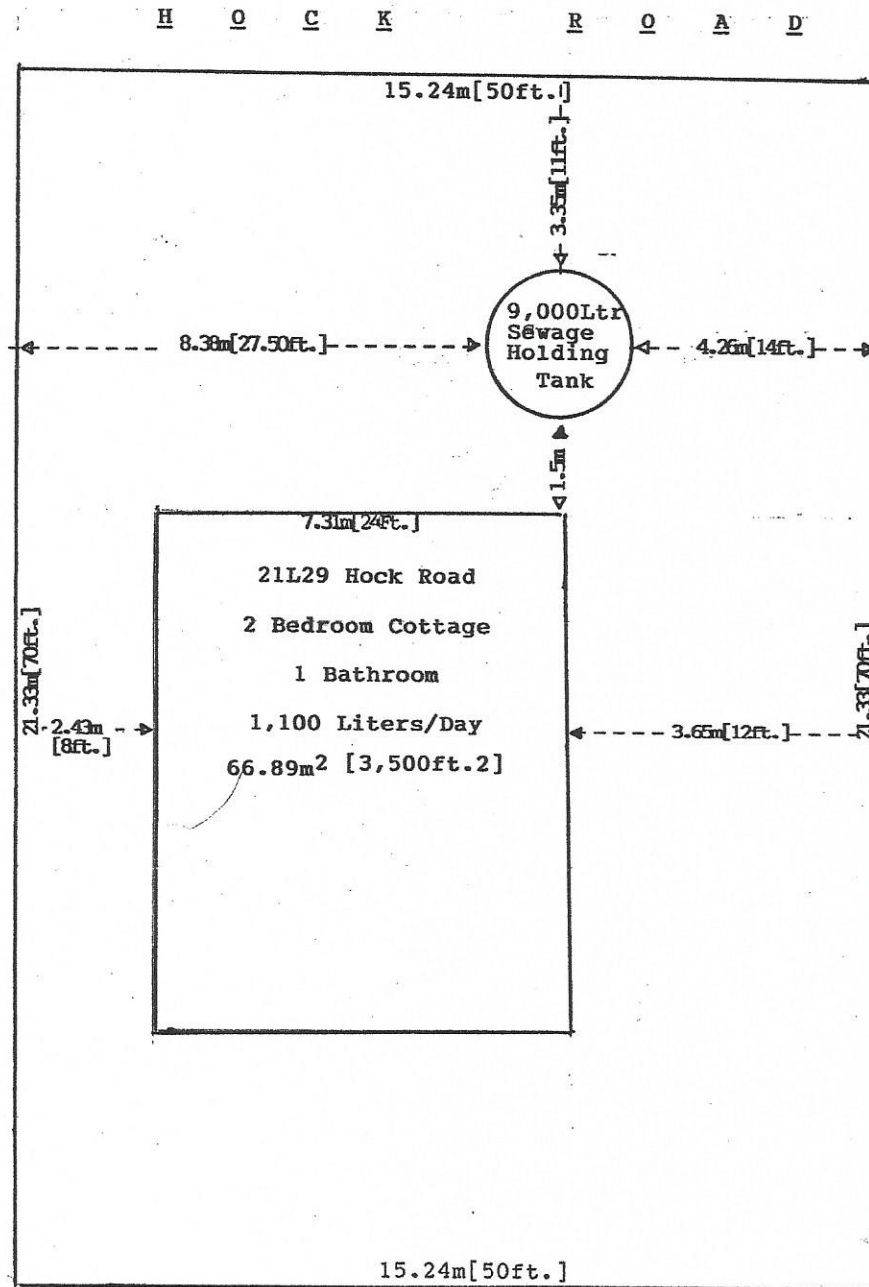
Mailed Copies: \_\_\_\_\_

(a) Applicant (b) Municipality

Ron & Linda Lucas  
21L29 Hock Road  
Wainfleet, Ontario

Class 5 Sewage Holding Tank Installation Site Plan

Drawing Not To Scale



**White Cap Construction**

Cisterns, Crushed Stone, Septic Systems  
Steel Sheet Piling & Excavating Services  
P.O. Box 38  
Wainfleet, ON  
L0S 1V0



a) Septic tank/holding tank of working capacity of 9000 litres constructed of steel ☐ concrete ☐ fibreglass ☐ on site ☐ or prefabricated ☒ to serve 2 (no. of bedrooms or units).

Installer's Name: White CIAO Installer's Address: WA

Tank Manufacturer: Moody Concrete

c) Proprietary Aerobic System: (Manufacturer) \_\_\_\_\_ (Model) \_\_\_\_\_

d) Other details

e) System components installed as per design documents supporting Certificate of Issuance ☒

A full-page view of a blank sheet of white graph paper. The grid consists of small squares formed by thin black lines. A single vertical blue margin line runs down the right side of the page, creating a narrow column. There are no markings or text on the grid.

☒ Backfill System and Complete

☐ Stabilize All Sloped Surfaces

☐ Finish Grading to Shed Run-off and Divert Water Around Leaching Bed

☐ Other Finish blown set up

ALL waste water must go to ~~septic~~  
Holding Tank.

Date: Jul 13/08 Inspector: D. H. Hall C.P.H.I. (C)

Mailed Copies: \_\_\_\_\_ (a) Applicant (b) Municipality

Inspector

Chief Building Official

(a) Applicant (b) Municipality

Date \_\_\_\_\_

Date \_\_\_\_\_