

Date Stamp - Appeal Received by Municipality

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

APPELLANT FORM (A1) PLANNING ACT

SUBMIT COMPLETED FORM TO MUNICIPALITY/APPROVAL AUTHORITY

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	Appeal a decision	45(12)	
	Appeal a decision		
Consent/Severance	Appeal conditions imposed	53(19)	
	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	Application for an amendment to the Zoning By-law – failed to make a decision on the application within 120 days	34(11)	
Zoning By-law Amendment	Application for an amendment to the Zoning By-law – refused by the municipality		
Interim Control By-law	Appeal the passing of an Interim Control By-law	38(4)	
	Appeal a decision	17(24) or 17(36)	
Official Plan or Official Plan Amendment	Failed to make a decision on the plan within 180 days	17(40)	
	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

Region of Halton

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

Municipality/Upper tier: Region of Halton

A1 Revised April 2010

Part 3: Appellant Int	omation		
First Name: <u>Ken</u>		Last Name: <u>Woodruff</u>	
Company Name or Asso	ciation Name (Association must	be incorporated - include copy of I	latter of incorneration)
		be mediporated – meldde copy of f	
-mail Address:			
	odruff@cogeco.ca	agree to receive communications from th	
	by providing an e-mail address you	agree to receive communications from th	e OMB by e-mail.
aytime Telephone #:	905 639-2262	Alternate Telephone #:	
ax #:			
ailing Address:	3505 Spruce Ave		Burlington
Street	Address	Apt/Suite/Unit#	City/Town
10	N		L7N 1K4
	ce Original signed by	Country (if not Canada)	Postal Code
ignature of Appellant: _		appeal/is submitted by a law office	Date: December 14, 2011
lease note: You must uote your OMB Refere ersonal information requ nd the Ontario Municipa	notify the Ontario Municipal Ence Number(s) after they have uested on this form is collected of Board Act, R.S.O. 1990, c. O.	Board of any change of address of been assigned.	g Act, R.S.O. 1990, c. P. 13, as amende filed, all information relating to this appe
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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.

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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: ^{IV} 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):

Ministry's Modification 118 Item 466 amending Section173 (5.1) Paragraph (c) that directs the Region of Halton to amend ROPA 38 to "Amend Maps 3 and 4 and Table 3 to reflect: Where the Province through the Environmental Assessment process, such as the Niagara to GTA and GTA West Transportation Corridor EA's, has identified a preliminary route planning study area, the Region, and the Local Municipalities, shall undertake the necessary amendments to their respective Official Plans accordingly."

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.

This direction seems to indicate the Government of Ontario and the Ministry of Transportation has already made a decision on the routes of the Niagara GTA and GTA West corridor locations through Halton, despite having had no response from the Environmental Assessment and no indication that any route decision has been made. In effect, although the Ministry removed the "asphalt arrow" change requested in October 2010 they have re-instated its intent and have mandated an additional corridor.

The Stop Escarpment Highway Coalition (SEHC) opposes the construction of any new highways until the weaknesses in the Draft Transportation Development Strategy have been addressed and Metrolinx's "The Big Move" Transportation Strategy is fully funded and has been implemented, and accordingly we do not want to have the highway corridors imposed without these issues being addressed.

THE FOLLOWING SECTIONS (a&b) APPLY ONLY TO APPEALS OF ZONING BY-LAW AMENDMENTS UNDER SECTION 34(11) OF THE PLANNING ACT.

b) Provide a bri	ef explanatory note regarding the proposal, which includes the existing zoning category, desired zoning purpose of the desired zoning by-law change, and a description of the lands under appeal:
**If more spa	ice 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	Γ	NO	
Are there other planning matters related to this appeal?	YES	Г	NO	Г
(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:

(Please print)					
(index party					
Part 8: Scheduling Information					
					10-11
How many days do you estimate are needed for hearing this appeal?	half day	, 🗆 .	1 day	C 2 day	s G 3 days
L 4 days L 1 week - please specifi					
How many expert witnesses and other witnesses do you expect to have a	at the hea	aring pro			ermined
Describe expert witness(es)' area of expertise (For example: land use pla	nner, arc	chitect, e	nginee	er, etc.):	ermined.
	VEO		NO	F	
Do you believe this matter would benefit from mediation? (Mediation is generally scheduled only when all parties agree to participate)	YES		NO		
Do you believe this matter would benefit from a prehearing conference? (Prehearing conferences are generally not scheduled for variances or consents)	YES		NO	F	
If yes, why?					
Part 9: Other Applicable Information **Attach a separate page if more	e space	is requ	ired.	231 3226	
I am appealing on behalf of the Stop Escarpment Highway Co	alition	and ou	r thirte	en men	ber aroups
from Burlington, Halton Hills, Hamilton, Niagara, Milton, Oakv					
SEHC Membership		_			
1. Citizens Opposed to Paving the Escarpment (COPE)					
2. Oakvillegreen Conservation Association					
3. Lowville Area Residents Association (LARA)					
4. BurlingtonGreen					
5. Coalition of the Niagara Escarpment (CONE)					
6. Protecting Escarpment Rural Land (PERL)					
7. Milton Green Citizens Group					
8. Environment Hamilton					
9. Preservation of Agricultural Lands Society					
10. Cedar Springs Community					
11. Sidrabene Latvian Camp					
Associations					
Sustainable Vaughn OPARIUL/Concerned Residents Against Superhighurs	v in Llo	ton Lil			
 CRASHH (Concerned Residents Against Superhighwa 	y iii nai		15)		
Part 10: Required Fee			n///	tan la particular	

Total Fee Submitted: \$ 125.00

Payment Method:

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

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PLEASE ATTACH THE CERTIFIED CHEQUE/MONEY ORDER TO THE FRONT OF THIS FORM.