1 ADELAIDE STREET EAST SUITE 2340 P.O. BOX 189 TORONTO, ONTARIO CANADA M5C 2V9 TEL. (416) 955-9532 FAX (416) 955-9532 CEL. (416) 520-9854 E-MAL: rdcbeese@aol.com www.rdebeese@aol.com

May 9, 2016

#### DELIVERED BY COURIER

BARRISTER AND SOLICITOR

RUSSELL D. CHEESEMAN B.A., LI.B., M.E.S.

Ms. Rose Caterini City Clerk City of Hamilton 71 Main Street West, 1<sup>st</sup> Floor Hamilton, Ontario L8P 4Y5

Dear Madam:

Re: Notice of Appeal pursuant to Section 34(11) of the Planning Act, R.S.O. 1990, c. P. 13, as amended – Mikmada Development Group Inc. – 383 Dundas Street East, Waterdown (Connon Nurseries) – City of Hamilton City of Hamilton File No. ZAC-15-055

We are counsel for Mikmada Development Group Inc., the owner of the above referenced lands in the City of Hamilton.

The owner, through its land use planning consultants IBI Group, made an application for an amendment to the Zoning By-law of the City of Hamilton, to the City of Hamilton on October 7, 2015. The City of Hamilton issued Notice of a Complete Application and Preliminary Circulation for Zoning By-law Amendment Application by IBI Group for Lands Located at 383 Dundas Street East and 4 First Street, Flamborough, (Ward 15) on November 6, 2015.

To date, the City of Hamilton has failed to make a decision in respect of the above referenced application for a Zoning By-law Amendment.

This letter will serve as our client's Notice of Appeal to the Ontario Municipal Board of the City of Hamilton Council's refusal or neglect to make a decision on the requested zoning by-law amendment within 120 days after the receipt of the clerk of the application, pursuant to Section 34(11) of the *Planning Act*, R.S.O, 1990, c. P. 13, as amended. Please find enclosed our firm cheque in the amount of \$125.00, payable to the "Minister of Finance – Ontario", which we understand to be the prescribed fee for the within appeal.

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Please also find enclosed a completed copy of Form "A1" of the Ontario Municipal Board, which we trust you will forward on to the OMB along with the appropriate record which your shall compile pursuant to Section 34(23) of the *Planning Act*.

If you have any questions, or require further clarification, please do not hesitate to contact the undersigned by telephone.

Yours very truly,

R.D. Cleesening

Russell D. Cheeseman

Encls.

cc. Ms. Heather Travis, Senior Project Manager, City of Hamilton (via e-mail) Mr. Adam Nesbitt (via e-mail)



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

### 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	or Variance Appeal a decision	
	Appeal a decision	53(19)
Consent/Severance	Appeal conditions imposed	33(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 Zoning By-law Amendment	Application for an amendment to the Zoning By-law – failed to make a decision on the application within 120 days	34(11)
	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)
	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

\_\_\_\_\_ 383 Dundas Street East and 4 First Street (Waterdown) \_\_\_\_\_\_ Address and/or Legal Description of property subject to the appeal:

Municipality/Upper tier: \_\_\_\_\_ City of Hamilton \_ A1 Revised April 2010

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## Appendix "E" to Report PED16139

Part 3: Appella	int information	<u>n man ka kasi ni ni ni ni ni ni ni na ka</u>						
First Name:	Russell	Last Name: Cheeseman						
Bar	rrister and Solicitor		-finesesting)					
Company Name or Association Name (Association must be incorporated – include copy of letter of incorporation)								
Professional Title	(if applicable):							
E-mail Address:	rdcheese@aol.com By providing an e-mail address you agre	e to receive communications from the OM	B by e-mail.					
Daytime Telephone #:416-955-9529 Alternate Telephone #: 905-844-8960								
Fax #: 416-9	955-9532							
Mailing Address:	1 Adelaide Street East, Suite 2340, P.		_ Toronto					
	Street Address	Apt/Suite/Unit#	City/Town					
	Ontario	Country (if not Canada)	M5C 2V9 Postal Code					
Signature of Appe			Date: May 9, 2016					
Signature of Appe	(Signature not required if the ap	peal is submitted by a law office.)	May 0, 2010					
Please note: You quote your OMB	u must notify the Ontario Municipal Boai Reference Number(s) after they have be	rd of any change of address or te en assigned.	lephone number in writing. Please					
Personal informati and the Ontario M may become avail	ion requested on this form is collected unde <i>lunicipal Board Act</i> , R.S.O. 1990, c. O. 28 a lable to the public.	er the provisions of the <i>Planning Ac</i> as amended. After an appeal is filed	<i>ct,</i> R.S.O. 1990, c. P. 13, as amended, d, all information relating to this appeal					
Part 4: Represe	entative Information (if applicable)	- Law of the state of the state						
		idual(a) to concern the						
-	ize the named company and/or indiv							
First Name:	First Name:Last Name:							
Company Name:								
Professional Title;								
E-mail Address: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 Appel	lant:		Date:					
J +F								

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.

A1 Revised April 2010

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):

(Please print) City of Hamilton File No. ZAC-15-055

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.

(Please print)

Please see letter dated May 9, 2016

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: \_\_\_\_\_ OCTOBER 7, 2015 (If application submitted <u>before</u> 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.

Zoning By-law to establish a modified Medium Density Residential "R6" Zone to permit a 79-unit townhouse development. It will also establish an Urban Residential (Single-Detached) "R1" Zone on a portion of the property fronting along First Street containing the existing single-detached dwelling. Lands are currently zoned "HC-2" – Highway Commercial and the proposal is to zone the lands "R6-x" Medium Density Residential and "R1" Urban Residential.

Part 7: Related Matters (if known)		ومعطيات	and a start	
Are there other appeals not yet filed with the Municipality?	YES		NO	V
Are there other planning matters related to this appeal? (For example: A consent application connected to a variance application)	YES		NO	
If we share any ide OND Defenses Number(s) and/or Musicinal File N			have bal	

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

(Please print)

A1 Revised April 2010

# Appendix "E" to Report PED16139 Page 6 of 7

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: 10
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.): Planning, Engineering, Environmental Noise, Traffic
Do you believe this matter would benefit from mediation? YES NO
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? To identify parties and participants, identify issues and set a procedural Order
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:
• The payment must be in Canadian funds, payable to the Minister of Finance.
Do not send cash. A1 Revised April 2010 Page 5 of 6

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