COMMITTEE OF ADJUSTMENT REQUEST FOR REFUND



It is the policy of the Guelph Committee of Adjustment that any request for refund of application fees be submitted to the Secretary-Treasurer in writing, for forwarding to the Committee of Adjustment for decision.

Please complete the following form outlining the details of your request. Please note that any refund will be issued to the original payee only.

1. Application number: $A-22/20$	
2. Date of hearing: NOVEMBER 12, 2020 PREVIOUS HEARTH G PATE JULY 9, 2020	
3. Name of owner: MRS. JELYALA LITHA VIGNARAJAH - Z431901 ONTARIO INC.	
4. Name of agent (if applicable): A.J. LAKATOS PLANNITHG CONSULTAN	I
5. Refund requested by: ☑ Owner ☐ Agent	
6. Original payment type: ☐ Cash ☐ Cheque ☐ Credit ☐ Debit	
7. Refund amount that is being requested: **\begin{align*} 297.00 \\ \exists*	
8. Refund to be: Mailed	
9. Mailing address: Z431901 ONT&RIO INC. 4889 TOWNLINE ROAD NORTH CAMBRIDGE, ON N3C 2Y3	
10. Reasons for request (please provide as much detail as possible. Any supporting documentation can be attached to this form):	
THE REFUND IS BEING REQUESTED SINCE THE DEFERRAL AT THE JULY 9, 2020 MEETING WAS AT THE REQUEST OF PLANNING STAFF. THE HATURE AND EXTENT OF THE VARIANCES REQUESTED HAVE NOT CHANGED. THUS THE	
APPLECATEDY COULD HAVE BEEN DEALT WITH AT THE JULY 9, 2020 MEETING BUT OWNER WALKELTD BE COOPE	PACINE
Staff Use Only Committee decision (circle one): Approve / Refuse	
Date of decision:	ŀ
Refund amount:	
Date cheque requisition sent:	