

# Delegation Request Form

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**Name \***

Josephine Bechard-Lanoue

**Date of Request \***

2/27/2022



**Are you representing a group? \***

Yes

No

**Name of Group (if applicable)**

**Provide details on the issue(s) you wish to present to Council and any actions you will be asking Council to take. \***

Attending for information

**Have you consulted with Town staff on this issue? \***

Yes

No

**If you've consulted with Town staff, please provide the names of staff members you've talked to and the details of those discussions.**

**If this is a property matter, are you an owner?**

Yes

No

Not applicable

**Have you appeared before Council in the past regarding this issue? \***

Yes

No

If you've appeared before Council in the past on this issue, please tell us the year in which you appeared.

Will you have written or printed materials to distribute? If so, please submit 12 copies of printed materials to the Clerk before the meeting. \*

Yes

No

Will you be delivering an electronic presentation that requires access to a computer and software? If so, please submit your presentation on CD, DVD or flash drive by noon on the Friday before the Council meeting. \*

Yes

No

Please describe any special needs you may have for your presentation.

Your Address or Group Contact Address (full mailing address including postal code) \*

Your Phone Numbers

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]  
[REDACTED]

[REDACTED]  
776-7336

**Email Address**

[REDACTED]

**Name and address of all representatives attending, including their positions \***

Josephine  
Family Interest

# Thank you!

Thank you for completing the Delegation Request Form.

The Clerk's Office will contact you in the near future to review your request.

**Robert Auger, LL.B.**

**Manager of Legislative Services and Clerk**

**Town of Essex**

**33 Talbot Street South, Essex, Ontario N8M 1A8**

**519-776-7336, extension 1132**

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**Name \***

Juliette Moore

**Date of Request \***

2/27/2022



**Are you representing a group? \***

Yes

No

**Name of Group (if applicable)**

**Provide details on the issue(s) you wish to present to Council and any actions you will be asking Council to take. \***

Looking for information coming forward on STR's in Colchester.

**Have you consulted with Town staff on this issue? \***

Yes

No

**If you've consulted with Town staff, please provide the names of staff members you've talked to and the details of those discussions.**

**If this is a property matter, are you an owner?**

Yes

No

Not applicable

**Have you appeared before Council in the past regarding this issue? \***

Yes

No

If you've appeared before Council in the past on this issue, please tell us the year in which you appeared.

Will you have written or printed materials to distribute? If so, please submit 12 copies of printed materials to the Clerk before the meeting. \*

Yes

No

Will you be delivering an electronic presentation that requires access to a computer and software? If so, please submit your presentation on CD, DVD or flash drive by noon on the Friday before the Council meeting. \*

Yes

No

Please describe any special needs you may have for your presentation.

Your Address or Group Contact Address (full mailing address including postal code) \*

Your Phone Numbers

Home

[REDACTED]

[REDACTED]

[REDACTED]

Email Address

[REDACTED]

Name and address of all representatives attending, including their positions \*

Josephine Bechard-Lanoué  
Daughter- Family interest

# Thank you!

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**Name \***

Liz Carreira

**Date of Request \***

3/3/2022



**Are you representing a group? \***

Yes

No

**Name of Group (if applicable)**

STR Group

**Provide details on the issue(s) you wish to present to Council and any actions you will be asking Council to take. \***

Cost associated with licensing ect

**Have you consulted with Town staff on this issue? \***

Yes

No

**If you've consulted with Town staff, please provide the names of staff members you've talked to and the details of those discussions.**

**If this is a property matter, are you an owner?**

Yes

No

Not applicable

**Have you appeared before Council in the past regarding this issue? \***

Yes

No

If you've appeared before Council in the past on this issue, please tell us the year in which you appeared.

Will you have written or printed materials to distribute? If so, please submit 12 copies of printed materials to the Clerk before the meeting. \*

Yes

No

Will you be delivering an electronic presentation that requires access to a computer and software? If so, please submit your presentation on CD, DVD or flash drive by noon on the Friday before the Council meeting. \*

Yes

No

Please describe any special needs you may have for your presentation.

[REDACTED]

[REDACTED]

[REDACTED]

Your Phone Numbers

Home

[REDACTED]

[REDACTED]

[REDACTED]  
[REDACTED]

[REDACTED]

[REDACTED]  
[REDACTED]

Email Address

[REDACTED]

Name and address of all representatives attending, including their positions \*

No representatives that I am aware of

# Thank you!

Thank you for completing the Delegation Request Form.

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**Name \***

Tracey Cipkar

**Date of Request \***

3/7/2022



**Are you representing a group? \***

Yes

No

**Name of Group (if applicable)**

**Provide details on the issue(s) you wish to present to Council and any actions you will be asking Council to take. \***

I am doing this more just if I would like to comment or have input on something when discussing the Short term rentals. I have nothing set to say in particular but would like to be able to comment if something came up that's all

**Have you consulted with Town staff on this issue? \***

Yes

No

**If you've consulted with Town staff, please provide the names of staff members you've talked to and the details of those discussions.**

**If this is a property matter, are you an owner?**

Yes

No

Not applicable

**Have you appeared before Council in the past regarding this issue? \***

Yes

No

If you've appeared before Council in the past on this issue, please tell us the year in which you appeared.

Will you have written or printed materials to distribute? If so, please submit 12 copies of printed materials to the Clerk before the meeting. \*

Yes

No

Will you be delivering an electronic presentation that requires access to a computer and software? If so, please submit your presentation on CD, DVD or flash drive by noon on the Friday before the Council meeting. \*

Yes

No

Please describe any special needs you may have for your presentation.

Your Address or Group Contact Address (full mailing address including postal code) \*

Your Phone Numbers

Home

[REDACTED]

[REDACTED]

[REDACTED]  
[REDACTED]

[REDACTED]

[REDACTED]  
[REDACTED]

Email Address

[REDACTED]

Name and address of all representatives attending, including their positions \*

Tracey Cipkar

# Thank you!

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**Name \***

Margaret Collins

**Date of Request \***

3/1/2022



**Are you representing a group? \***

Yes

No

**Name of Group (if applicable)**

**Provide details on the issue(s) you wish to present to Council and any actions you will be asking Council to take. \***

I am here to ask about the issue's on short term rentals. To explain that I am willing to apply with the terms but have a few questions on some of the item put forth

**Have you consulted with Town staff on this issue? \***

Yes

No

**If you've consulted with Town staff, please provide the names of staff members you've talked to and the details of those discussions.**

**If this is a property matter, are you an owner?**

Yes

No

Not applicable

**Have you appeared before Council in the past regarding this issue? \***

Yes

No

**If you've appeared before Council in the past on this issue, please tell us the year in which you appeared.**

**Will you have written or printed materials to distribute? If so, please submit 12 copies of printed materials to the Clerk before the meeting. \***

Yes

No

**Will you be delivering an electronic presentation that requires access to a computer and software? If so, please submit your presentation on CD, DVD or flash drive by noon on the Friday before the Council meeting. \***

Yes

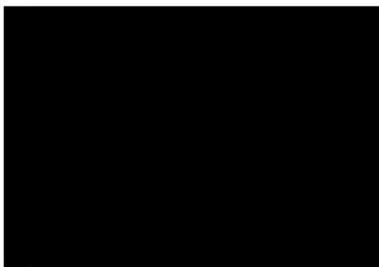
No

**Please describe any special needs you may have for your presentation.**

I purchased this property for my daughter, she is on ODSP, she is going to collage away from home and the income from this home is to pay for her rent away from home. I am in my mid 70's so only on OAP. and CPP. So will only be doing this for as long as she is at collage.

This is a cottage, under 500 square feet, open plan.

**Your Address or Group Contact Address (full mailing address including postal code) \***



**Your Phone Numbers**

**Home**

Use format 519-  
776-7336

**Work**

Use format 519-  
776-7336

**Cell**

[REDACTED]

**Email Address**

[REDACTED]

**Name and address of all representatives attending, including their positions \***

Margaret Collins, [REDACTED]

Mike Ross [REDACTED]

# Thank you!

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**Manager of Legislative Services and Clerk**

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**Name \***

**Date of Request \***



**Are you representing a group? \***

Yes

No

**Name of Group (if applicable)**

**Provide details on the issue(s) you wish to present to Council and any actions you will be asking Council to take. \***

Short term rentals initiative

**Have you consulted with Town staff on this issue? \***

Yes

No

**If you've consulted with Town staff, please provide the names of staff members you've talked to and the details of those discussions.**

**If this is a property matter, are you an owner?**

Yes

No

Not applicable

**Have you appeared before Council in the past regarding this issue? \***

Yes

No

If you've appeared before Council in the past on this issue, please tell us the year in which you appeared.

Will you have written or printed materials to distribute? If so, please submit 12 copies of printed materials to the Clerk before the meeting. \*

Yes

No

Will you be delivering an electronic presentation that requires access to a computer and software? If so, please submit your presentation on CD, DVD or flash drive by noon on the Friday before the Council meeting. \*

Yes

No

Please describe any special needs you may have for your presentation.

Your Address or Group Contact Address (full mailing address including postal code) \*

Your Phone Numbers

Home

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted] address of all representatives attending, including their positions \*

Shaun Cushing  
[Redacted]

# Thank you!

Thank you for completing the Delegation Request Form.

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**Town of Essex**

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**Name \***

**Date of Request \***



**Are you representing a group? \***

Yes

No

**Name of Group (if applicable)**

**Provide details on the issue(s) you wish to present to Council and any actions you will be asking Council to take. \***

Dear Sir,

We are a family of five. This Pandemic has brought our life economy way down. My three kids are in university and high school. We as parents must support our kids in every way possible that is part of my core cultural value. As of now, we are facing unprecedented property tax that has increased by \$2,000 last year. Our government agencies should help its"s people, during a pandemic, instead, we are levied with increased property tax. My income runs paycheque to paycheque as my kids need money, my home mortgage, utilities, car loans, and property tax expenses. My Airbnb feeds me little consolation to my family expense but during winter it is just occupied only 20% and in Summer 60% occupied. If I have to take a License and insurance to run Airbnb, I better shut as I will not be able to make any extra penny to support my family, especially the groceries. As such inflation hit us very badly that I am not able to save even a penny, instead, have overrun expenses every month. I am not able to buy a car for my university-going kids. Instead, I drop and pick them. Luckily I have been working from home for the last 1.5 years. Starting next month I have to drive to my office. Hence I must buy a car for my kids. I have not paid my mortgage at least 50%, even not paid back my car loans. I am a diabetic and high cholesterol patient that my prescription bill is overburdening about all the expenses reported above. Sometimes I do not buy medicine to cut the cost. Still holding the 10-year-old phone,3 pants, a winter jacket, and 5 shirts.

In spite of all the mentioned issues, have been leading a spiritual and peaceful family life. Please help families to lead peaceful life and try not to over-levy them with financial burdens, especially during this pandemic season. I request you, please do not implement these rules and regulations that would ruin running our Airbnb that feeds our little monthly groceries. Our Airbnb management has insurance and takes taxes in every night bill.

God bless you all.

Joseph Benher Dhason

**Have you consulted with Town staff on this issue? \***

Yes

No

**If you've consulted with Town staff, please provide the names of staff members you've talked to and the details of those discussions.**

**If this is a property matter, are you an owner?**

- Yes
- No
- Not applicable

**Have you appeared before Council in the past regarding this issue? \***

- Yes
- No

**If you've appeared before Council in the past on this issue, please tell us the year in which you appeared.**

**Will you have written or printed materials to distribute? If so, please submit 12 copies of printed materials to the Clerk before the meeting. \***

- Yes
- No

**Will you be delivering an electronic presentation that requires access to a computer and software? If so, please submit your presentation on CD, DVD or flash drive by noon on the Friday before the Council meeting. \***

- Yes
- No

**Please describe any special needs you may have for your presentation.**

I have already described my issues, under "Provide details on the issue(s) you wish to present to Council and any actions you will be asking Council to take." the burdens that my family and I face if the new regulations regarding running Airbnb are introduced. Please use this as the document for the council.

**Your Address or Group Contact Address (full mailing address including postal code) \***

[Redacted]

**Your Phone Numbers**

**Home**

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

**Email Address**

[Redacted]

**Name and address of all representatives attending, including their positions \***

Joseph Benher Dhason,  
address same as above.  
I am an Engineer.

# Thank you!

Thank you for completing the Delegation Request Form.

The Clerk's Office will contact you in the near future to review your request.

**Robert Auger, LL.B.**

**Manager of Legislative Services and Clerk**

**Town of Essex**

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**Name \***

Soul Serenity on Erie (Amy and Colleen)

**Date of Request \***

3/7/2022



**Are you representing a group? \***

Yes

No

**Name of Group (if applicable)**

Short Term Rentals and specifically Soul Serenity on Erie

**Provide details on the issue(s) you wish to present to Council and any actions you will be asking Council to take. \***

We wish to address the 'vague' nature of the wording in both the Zoning and Licensing Documents along the proposed date of inception.

**Have you consulted with Town staff on this issue? \***

Yes

No

**If you've consulted with Town staff, please provide the names of staff members you've talked to and the details of those discussions.**

**If this is a property matter, are you an owner?**

Yes

No

Not applicable

**Have you appeared before Council in the past regarding this issue? \***

Yes

No

If you've appeared before Council in the past on this issue, please tell us the year in which you appeared.

2021

Will you have written or printed materials to distribute? If so, please submit 12 copies of printed materials to the Clerk before the meeting. \*

Yes

No

Will you be delivering an electronic presentation that requires access to a computer and software? If so, please submit your presentation on CD, DVD or flash drive by noon on the Friday before the Council meeting. \*

Yes

No

Please describe any special needs you may have for your presentation.

Your Address or Group Contact Address (full mailing address including postal code) \*

Your Phone Numbers

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Name and address of all representatives attending, including their positions \***

Amy Standon Co-owner Soul Serenity on Erie  
Colleen McWilliams Co-owner Soul Serenity on Erie

# Thank you!

Thank you for completing the Delegation Request Form.

The Clerk's Office will contact you in the near future to review your request.

**Robert Auger, LL.B.**

**Manager of Legislative Services and Clerk**

**Town of Essex**

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**Name \***

Rodney Hammond

**Date of Request \***

3/7/2022



**Are you representing a group? \***

Yes

No

**Name of Group (if applicable)**

Rodney Hammond

**Provide details on the issue(s) you wish to present to Council and any actions you will be asking Council to take. \***

Would like to speak to council regarding Short Term Rentals.  
Their diversity in providing accommodations for visitors and their impact on the community.  
To suggest whether or not the Town makes amendments to current plan to address this diversity.  
To appeal to council for quality of life for its residents as well as the visitors.  
To suggest a possible moratorium on certain STRs to collect data as Covid restrictions ease.

**Have you consulted with Town staff on this issue? \***

Yes

No

**If you've consulted with Town staff, please provide the names of staff members you've talked to and the details of those discussions.**

**If this is a property matter, are you an owner?**

Yes

No

Not applicable

**Have you appeared before Council in the past regarding this issue? \***

Yes

No

If you've appeared before Council in the past on this issue, please tell us the year in which you appeared.

Will you have written or printed materials to distribute? If so, please submit 12 copies of printed materials to the Clerk before the meeting. \*

Yes

No

Will you be delivering an electronic presentation that requires access to a computer and software? If so, please submit your presentation on CD, DVD or flash drive by noon on the Friday before the Council meeting. \*

Yes

No

Please describe any special needs you may have for your presentation.

Your Address or Group Contact Address (full mailing address including postal code) \*

Your Phone Numbers

[REDACTED]	[REDACTED]	[REDACTED]
------------	------------	------------

[REDACTED]

[REDACTED]

**Name and address of all representatives attending, including their positions \***

[REDACTED]

# Thank you!

Thank you for completing the Delegation Request Form.

The Clerk's Office will contact you in the near future to review your request.

**Robert Auger, LL.B.**

**Manager of Legislative Services and Clerk**

**Town of Essex**

**33 Talbot Street South, Essex, Ontario N8M 1A8**

**519-776-7336, extension 1132**

# Delegation Request Form

This form must be completed and submitted to the Clerk of the Town of Essex by all persons wishing to address Council at a scheduled meeting of Council. Delegation requests must be submitted by 2:00 p.m. on the Tuesday prior to the scheduled meeting.

Any person who wishes to appear before Council as a Delegation on a matter that relates specifically to a matter contained in the Regular Council Meeting Agenda shall submit a Delegation Request Form no later than 4:30 PM on the Friday immediately preceding the date of the Regular Council Meeting. The Clerk shall have the sole authority to determine if the subject matter does in fact relate specifically to a matter contained in the Regular Council Meeting Agenda for purposes of allowing or denying the Delegation and the Clerk will introduce such Delegation Request Form(s) at the time of adopting the Published Agenda.

Presentations to Council are limited to 5 minutes per person to a maximum of 10 minutes for a group of two persons or more.

Personal information that you provide on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Please note that this form, if approved, will appear in the published Council Agenda and may be included in the Council Meeting minutes, both of which become part of the public record and are posted on our municipal website.

**Name \***

Elaine Mealiffe

**Date of Request \***

2/26/2022



**Are you representing a group? \***

Yes

No

**Name of Group (if applicable)**

**Provide details on the issue(s) you wish to present to Council and any actions you will be asking Council to take. \***

STR - no predetermined asks at this time. Just registering in case I have any comments or questions during discussions

**Have you consulted with Town staff on this issue? \***

Yes

No

**If you've consulted with Town staff, please provide the names of staff members you've talked to and the details of those discussions.**

I'm part of a wider social group of locals that have spoke with Town staff on the matters.

**If this is a property matter, are you an owner?**

Yes

No

Not applicable

**Have you appeared before Council in the past regarding this issue? \***

Yes

No

If you've appeared before Council in the past on this issue, please tell us the year in which you appeared.

Will you have written or printed materials to distribute? If so, please submit 12 copies of printed materials to the Clerk before the meeting. \*

Yes

No

Will you be delivering an electronic presentation that requires access to a computer and software? If so, please submit your presentation on CD, DVD or flash drive by noon on the Friday before the Council meeting. \*

Yes

No

Please describe any special needs you may have for your presentation.

Your Address or Group Contact Address (full mailing address including postal code) \*

Your Phone Numbers

**Home**

Use format 519-  
776-7336

**Work**

Use format 519-  
776-7336

**Cell**

Use format 519-  
776-7336

**Email Address**

[REDACTED]

**Name and address of all representatives attending, including their positions \***

N/A

# Thank you!

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**Name \***

Paula and Tom Rigg

**Date of Request \***

3/7/2022



**Are you representing a group? \***

Yes

No

**Name of Group (if applicable)**

**Provide details on the issue(s) you wish to present to Council and any actions you will be asking Council to take. \***

In regards to the possible new STR bylaws would like to address the following:

1. The number of parking spaces versus the number of bedrooms,
2. Maximum of 28 nights rental to an individual.
3. Grandfather clause as we opened our STR to guests May 6, 2021 and then a second STR opened less than 100 meters away in August 2021.
4. Capacity limits for occupancy based upon bedrooms and additional sleeping spaces provided. No blow up mattress etc.
5. Where the permitted areas are under the Zoning By-Law and its regulations.
6. Fire pits allowed?
7. When will we find out licensing fees etc.

**Have you consulted with Town staff on this issue? \***

Yes

No

**If you've consulted with Town staff, please provide the names of staff members you've talked to and the details of those discussions.**

I put our questions and concerns mentioned above on the survey sent out. I have emailed Rita Jabbour as well as Sherry Bondy, the Mayor, Chris Vander Doelen and Steve Bjorkman on separate occasions to come and visit our house in Colchester. I have also emailed councilmembers@essex.ca. Below is the email sent out.

Good Morning,

We are an STR owner in the Village of Colchester. We purchased our property March 1, 2021 and opened for business on May 6, 2021. The property next door was purchased in August, 2021 and has been operating as an STR since that time. This STR is less than 100 meters from our STR. Your By Law Amend states there must be a minimum separation of 100 meters between properties. How will you deal with this situation if the STR's are already in operation? Will you grandfather them in or will you have to decide on which property opens and which closes and if so how will you do that?

As for the parking spaces we feel that every STR should have a minimum of 2 parking spaces.

Also there should be capacity limits as to the number of persons allowed to occupy the STR based upon bedrooms and additional sleeping spaces. No blow up mattresses allowed to accommodate guests that are over the capacity limit.

**If this is a property matter, are you an owner?**

- Yes
- No
- Not applicable

**Have you appeared before Council in the past regarding this issue? \***

- Yes
- No

**If you've appeared before Council in the past on this issue, please tell us the year in which you appeared.**

**Will you have written or printed materials to distribute? If so, please submit 12 copies of printed materials to the Clerk before the meeting. \***

- Yes
- No

**Will you be delivering an electronic presentation that requires access to a computer and software? If so, please submit your presentation on CD, DVD or flash drive by noon on the Friday before the Council meeting. \***

- Yes
- No

**Please describe any special needs you may have for your presentation.**

**Your Address or Group Contact Address (full mailing address including postal code) \***

Paula and Tom Rigg, [REDACTED]

**Your Phone Numbers**

Home

[REDACTED]

[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]

**Email Address**

[REDACTED]

**Name and address of all representatives attending, including their positions \***

Tom and Paula Rigg, owner/operators of Colchester Adventure located at [REDACTED]  
Harrow, Ontario N0R 1G0

# Thank you!

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