

Date: \_\_\_\_\_

**1 GENERAL INFORMATION**

<b>Registered Owner</b>	Telephone No.	Email Address
Address	Postal Code	
<b>Applicant/Agent</b>	Telephone No.	Email Address
Address	Postal Code	
<b>Agent or Solicitor</b>	Telephone No.	Email Address
Address	Postal Code	
<b>Mortgagee</b>	Telephone No.	
Address	Postal Code	

All correspondence should be sent to:  Owner  Applicant  Agent/Solicitor

If known, date property was purchased by current owner \_\_\_\_\_

**2 LOCATION OF PROPERTY**

Lot(s)	Concession
Reference Plan No.	Roll No.
36R-	4801
Municipal Address	Geographic Ward
	<input type="checkbox"/> Airy <input type="checkbox"/> Dickens <input type="checkbox"/> Lyell <input type="checkbox"/> Murchison <input type="checkbox"/> Sabine

**3 PARTICULARS OF PROPERTY (METRES)**

Frontage	Depth	Area

**4 RELATED LAND DIVISION**

- a. Is the 66 ft. shoreline allowance owned by the applicant/owner (if applicable)?  Yes  No
- b. If a consent to sever is required, has a severance application been made?  
 Yes  No File No. \_\_\_\_\_ Status of Application \_\_\_\_\_
- c. Does the proposed amendment involve a subdivision or condominium application?  
 Yes  No File No. \_\_\_\_\_ Status of Application \_\_\_\_\_
- d. Has the property been subject to an easement?  Yes  No  
 If yes, please provide the location and nature of the easement \_\_\_\_\_
- e. Is the application to implement an alteration to the boundary of an area of settlement or to implement a new area of settlement?  Yes  No
- f. Is the application to remove land from an area of employment?  Yes  No

**5 RELATED MINISTRY REQUIREMENTS**

- a. Is the proposed amendment consistent with the Provincial Policy Statement?  Yes  No
- b. Is the subject land within an area of land designated under any Provincial Plans? If yes, how does the application conform to the applicable Provincial Plan?  
 \_\_\_\_\_  
 Yes  No
- c. Is the zoning amendment request consistent with policy statements issued under subsection 3(1) of the Planning Act?  Yes  No
- d. Has the subject land ever been subject to a Minister's Zoning Order?  Yes  No

**6 EXISTING USE OF BUILDING (If known, please indicate on the line provided the number of years with the existing use)**

- Permanent Residential \_\_\_\_\_  Seasonal Cottage \_\_\_\_\_  Industrial \_\_\_\_\_  Commercial \_\_\_\_\_
- Farmland \_\_\_\_\_  Vacant \_\_\_\_\_  Other \_\_\_\_\_

**7 LIST ANY EXISTING BUILDINGS OR STRUCTURES ON THE PROPERTY**

Type of Buildings or Structures	All Yard Setbacks				If known, Year constructed	Building Dimensions (metric units)	Ground Floor Area	Building Height
	Front	Rear	Side	Side				
1								
2								
3								

**8 Proposed Use of Property**

- Permanent Residential     
  Seasonal Cottage     
  Industrial     
  Commercial  
 Farmland     
  Vacant     
  Other

Reason for Rezoning Request \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9 List of Proposed Buildings or Structures**

Type of Building or Structures	All Yard Setbacks				If known, Year constructed	Building Dimensions (metric units)	Ground Floor Area	Building Height
	Front	Rear	Side	Side				
1								
2								
3								

**10 Township of South Algonquin Official Plan Designation**

- a. Existing \_\_\_\_\_  
 b. Proposed \_\_\_\_\_  
 c. How does the proposed rezoning conform to the Official Plan? \_\_\_\_\_  
 \_\_\_\_\_

**11 Township of South Algonquin Zoning Designation**

- a. Existing \_\_\_\_\_  
 b. Proposed \_\_\_\_\_  
 d. What is the current uses of adjacent properties? \_\_\_\_\_  
 Is the subject land within an area where there is a minimum and maximum density requirement or a minimum and maximum height requirements?  
 e. \_\_\_\_\_  
 f. Is the subject land within an area where zoning with conditions may apply?       Yes       No

**12 Types of Servicing**

This property will be serviced by (please check appropriate boxes)

- a. Water Supply       Private Well       Other (specify) \_\_\_\_\_  
 b. Sewage Disposal       Private septic       Other (specify) \_\_\_\_\_  
 c. Storm Drainage System       Ditches & Swales       Pipes/Culvert  
 d. Road Access or Frontage       Name of Road \_\_\_\_\_  
     A Local Public Road  
     A Provincial Highway  
     Private Road or Right-of-Way

Other (specify) \_\_\_\_\_

**12 Types of Servicing (Continued)**

- e. Lake Frontage  Water Access Only  
 Name of Lake \_\_\_\_\_
- f. If water access only, is there a parking/docking facility available?  Yes  No
- g. If yes, is the parking/docking facility on a public road?  Yes  No  
Please provide the name of the public road to which the parking/docking facility is located \_\_\_\_\_
- h. What is the approximate distance to the subject land from the docking/parking facility?  
\_\_\_\_\_

**13 Required Sketch/Drawing**

Please attach a sketch of the subject and adjacent lands indicating the location of all natural and artificial features, such as buildings, railways, roads, water courses, drainage ditches, rivers or streams, wetlands, wooden areas, wells and septic systems or any other natural or artificial features the applicant feels would affect this application. Included on the sketch please show the boundaries, dimensions (in metric), the location, size and type of all existing and proposed buildings/structures.

**14 Affidavit or Sworn Declaration**

I, \_\_\_\_\_ of the \_\_\_\_\_  
in the \_\_\_\_\_  
(name of District, Region, County, Province)

make oath and say (or solemnly declare) that the information contained in this application is true and that the information contained in the documents that accompany this application is true, and I 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 by virtue of the Canada Evidence Act.

Declared before me at the \_\_\_\_\_  
(Municipality)  
in the \_\_\_\_\_  
(District)  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Commissioner of Oaths

## **Applicant's Consent (Freedom of Information), Authorization for Access & Signage Agreement:**

In accordance with the provision of the Planning Act, it is the policy of the Municipality to provide public access for prescribed planning applications. Additionally, notice signs, provided by the Municipality for your convenience, must be posted on the subject lands such that they are visible and legible from a public highway, providing notification to passers-by and assisting staff, Council or the Committee of Adjustment in locating the property during site visits in advance of the public meeting. In submitting this development application and supporting documentation,

I/We \_\_\_\_\_ and \_\_\_\_\_  
*Name of Owner(s)* *Name of Owner(s)*

of the Township of South Algonquin in the District of Nipissing hereby acknowledge the above-noted requirement and provide my (our) consent, in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, that the information on this application and any supporting documentation provided by myself, my agents, consultants and solicitors, as well as commenting letters of reports issued by the municipality and other review agencies will be part of the public record and will also be available to the general public. **AND;**

Hereby confirm that the required notice signs will be posted on the lands as instructed and further indemnify the Municipality from any damages resulting from the improper postings of this sign. **AND;**

Hereby permit Municipal Staff and its representatives to enter upon the premises of the subject property for the purpose of this application.

\_\_\_\_\_  
*Signature of Owner(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Owner(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*

**OWNER(S) AUTHORIZATION OF AGENT**

**(Only required if the applicant or agent is not the registered owner):**

I/We \_\_\_\_\_ and \_\_\_\_\_  
*Name of Owner(s)* *Name of Owner(s)*

Of the Township of South Algonquin in the District of Nipissing.

Registered owner of \_\_\_\_\_  
*Property Description*

Do hereby authorize \_\_\_\_\_  
*Name(s) of Authorized Agent(s)*

To act as my (our) agent for the purposes of this application.

\_\_\_\_\_  
*Signature of Owner(s)* *Date*

\_\_\_\_\_  
*Signature of Owner(s)* *Date*

\_\_\_\_\_  
*Signature of Witness* *Date*

## **COSTS OF APPLICATION**

**(MUST be signed in the presence of a Witness):**

I/We \_\_\_\_\_ and \_\_\_\_\_  
*Name of Owner(s)* *Name of Owner(s)*

Of the Township of South Algonquin in the District of Nipissing hereby acknowledge receiving and reviewing the Township of South Algonquin's Schedule of Fees By-Law related to planning matters. I further understand and agree to be bound by the fees and specifically agree that I shall pay full cost recovery for any planning matters listed in the fee schedule.

I/We understand and agree that the Fee submitted with this application covers only the anticipated processing cost (i.e. review by Township Staff, Public Meeting etc.). It is further understood and agreed that any additional costs or requirements, incurred and charged by the Municipality (i.e. Township Planner, Legal or Engineering Fees, O.L.T. hearing costs, Agreements, Special Studies, other Approvals or Applications and any other related matters), will be my/our responsibility to pay and/or reimburse the Municipality for same. Failure to pay all associated costs shall result in refusal of this application and if not paid forthwith after being invoiced, I/We agree that fees may be added to my municipal tax bill and collected by the Municipality in the same manner such as municipal taxes, or by any other means legally available to the Municipality.

### **DECLARED before me/us at the**

**City/Town/Municipality** of \_\_\_\_\_ in the **County/Region/District**  
of \_\_\_\_\_

**this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
*Signature of Owner(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Owner(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*