

## Application For A Plan of Subdivision

Under Section 51(16) of the Planning Act

1. Applicant Information		
First Name of Owner #1	Last Name of Owner #1	H. telephone no.:
First Name of Owner #2	Last Name of Owner #2	Bus. telephone no.:
Company Name (if applicable):		Fax no.:
Mailing Address:	Town/City:	Postal Code:
Email Address:		
Agent/Applicant This may be a person or firm acting on behalf of the owner:( If applicable)		
Name of Authorized Agent/Applicant:		
Mailing Address:	Town/City:	Postal Code:
Telephone no.	Work no.	Fax no.:
Email Address:		
Persons or institutions that have any mortgage, charge or encumbrance on the property:( If applicable)		
Name of Persons or institutions:		
Mailing Address:	Town/City:	Postal Code:
Telephone no.	Work no.	Fax no.:
Email Address:		
Please specify to whom all communication should be sent: <input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Mortgagee <input type="checkbox"/> Owner		
2. Description of the Subject Land Complete applicable boxes		
Municipality: <b>TWP. South Algonquin</b>	Lot(s) No.:	
District: <b>Nipissing</b>		
Geographic Ward: (check) <input type="checkbox"/> Airy <input type="checkbox"/> Dickens <input type="checkbox"/> Lyell <input type="checkbox"/> Murchison	Subdivision Plan No.:	
<input type="checkbox"/> Sabine		
Lot(s) No.:	Part (s) No.:	
Concession:	Reference Plan No.: <b>36R</b>	
Roll no: (if available) <b>4801</b>		
Civic Address of Subject Lands:		

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**2.1 Are there any existing easements or restrictive covenants affecting the subject land?  YES  NO**  
**If yes, describe each easement or covenant and its effect.**

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**2.3 Township of South Algonquin Zoning Designation**

a. Existing \_\_\_\_\_  
 b. Proposed \_\_\_\_\_

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

a. Existing \_\_\_\_\_  
 b. Proposed \_\_\_\_\_

**3. Purposed Land Uses ( Details of the Plan of Subdivision)**

INTENDED LAND USE	NUMERICAL REFERENCE TO LOTS OR BLOCKS	NUMBER OF UNITS OR DWELLINGS	LAND AREA(HECTARES)	DENSITY (UNITS/DWELLINGS) PER HECTARE
Detached Dwellings				
Semi-Detached/Duplex Dwellings				
On-Street Townhouse Dwellings				
Cluster Townhouse Dwellings				
Apartment Dwellings				
Seasonal Residential				
Mobile Homes				
Other Dwellings (Specify)				
Commercial				
Industrial				
Park/Open Space		n/a		n/a
Institutional (Specify)				
Roads		n/a		n/a
Other Use (Specify)				
<b>TOTAL</b>				

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<b>3.1 Access to the subject land will be provided by (Please check appropriate box)</b>	
Provincial Highway	<input type="checkbox"/>
Municipal road, maintained all year	<input type="checkbox"/>
Municipal road, seasonally maintained	<input type="checkbox"/>
Registered right-of-way	<input type="checkbox"/>
Private Road (Unregistered)	<input type="checkbox"/>
Water Access (see below)	<input type="checkbox"/>
Other (Please Explain)	<input type="checkbox"/>
If water access only, state the parking and docking facilities to be used and the approximate distance of these facilities from the subject land and the nearest public road( attach schedule if more room is required):	
If access to the subject land is not by a public road, you MUST include proof of your right of access. (include deed).	
Will a Road extension be required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>3.2 Water will be provided to the subject property by (Please check the appropriate box)</b>	
Privately owned and operated individual well	<input type="checkbox"/>
Privately owned and operated communal well	<input type="checkbox"/>
Lake or other water body	<input type="checkbox"/>
Other Means	<input type="checkbox"/>
Privately owned and operated individual septic	<input type="checkbox"/>
Privately owned and operated communal septic system	<input type="checkbox"/>
Comercial Septic System	<input type="checkbox"/>
Outdoor Privy	<input type="checkbox"/>
Other Means	<input type="checkbox"/>
<b>3.3 Please check the appropriate box if these services are currently being provided.</b>	
Electricity	<input type="checkbox"/>
School Busing	<input type="checkbox"/>
Garbage Collection	<input type="checkbox"/>
<b>3.4 Storm Drainage will be provided by? ( Please check appropriate box)</b>	
Municipal Storm Sewer	<input type="checkbox"/>
Ditch or Swale	<input type="checkbox"/>
Other ( Please Explain)	<input type="checkbox"/>

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**4. Other Information**

Has the subject land ever been subject to an application for approval of a plan of subdivision under Section 51 of the Planning Act or for a consent under Section 53 of the Planning Act?  YES  NO  
 If YES, please identify the file number of the application and the decision of the application. \_\_\_\_\_

**4.1 Is the subject land the subject of a current application for approval of:**

An Official Plan Amendment	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
A Zoning By-Law Amendment	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
A Minor Variance	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
A Consent (Severance)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
A Site Plan Approval	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
A Minister Zoning Order	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If YES, please outline the status of the related application and file number (if known).  
 \_\_\_\_\_

**5. Other Information**

Is there any information that you think may be useful to the Township of South Algonquin or other agencies in reviewing this application? If so, explain below or attach on a separate page.  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Affidavit Or Sworn Declaration Of Applicant**

Affidavit or Sworn Declaration for the Prescribed Information  
 I, \_\_\_\_\_ of \_\_\_\_\_ in  
 the \_\_\_\_\_ solemnly declare that the information required by  
 O. Regulation 547/06 and all other information required in this application, including supporting  
 documentation, are 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 and by true virtue of the **Canada Evidence Act**.  
  
 Signature of Applicant \_\_\_\_\_

Sworn (or declared) before me at the \_\_\_\_\_  
 in the \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**NOTE:** One of the purposes of the Planning Act is to provide for planning processes that are open, accessible, timely and efficient. Accordingly, all written submissions, documents, correspondence, e-mails or other communications (including your name and address) form part of the public record and will be disclosed/made available by the Township of South Algonquin to such persons as the Township sees fit, including anyone requesting such information. Accordingly, in providing such information, you shall be deemed to have consented to its use and disclosure as part of the planning process.

## **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, Ontario Land Tribunal 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*