

Date: _____

1 GENERAL INFORMATION

Registered Owner	Telephone No.	Email Address
Address	Postal Code	

Applicant/Agent	Telephone No.	Email Address
Address	Postal Code	

Agent or Solicitor	Telephone No.	Email Address
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
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4 EASEMENTS OF RESTRICTIVE COVENANTS

Are there any easements or restrictive covenants affecting the subject lands? If yes, describe the easement or covenant and its effect:

5 EXISTING LAND USES & ZONING

Township of South Algonquin Official Plan Designation

Existing	Proposed (if applicable)
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Township of South Algonquin Zoning By-law Zone

Existing	Proposed (if applicable)
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Existing Use of Property

Permanent Residential
 Seasonal Cottage
 Industrial
 Commercial
 Farmland
 Vacant
 Other

Existing Buildings or Structures on Property (metric)

Types of Building or Structure	Year Constructed	Dimensions	Ground Floor Area	Height	Yard Setbacks			
					Front	Rear	Side	Side
1								
2								
3								
4								

Proposed Use of Property

Permanent Residential
 Seasonal Cottage
 Industrial
 Commercial
 Farmland
 Vacant
 Other

Proposed Buildings or Structures on Property (metric)

Types of Building or Structure	Year Constructed	Dimensions	Ground Floor Area	Height	Yard Setbacks			
					Front	Rear	Side	Side
1								
2								
3								
4								

6 SERVICING INFORMATION

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 Local Public Road
 Provincial Highway
 Private Road or Right-of-Way
 Other (specify) _____

Name of Road: _____

e. Watercourse or Water Body Frontage Water Access Only

Name of Water Body: _____

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?

7 REQUIRED SKETCH/DRAWING

Please attach a sketch of the subject and adjacent lands indicating the location of:

- Existing buildings/structures
- Proposed building/structures
- Natural features (water courses, rivers or streams, wetlands, wooded areas, other)
- Structural features (railways, roads, other)
- Servicing information (wells, septic, drainage, other)
- Landscaping features (trees, shrubs, gardens, other)
- Parking areas (driveway, parking lot, other)

Included on the sketch, please ensure the following are clearly labelled/demarcated:

- Property boundaries (existing and proposed, if applicable)
- Dimensions (metric) of the property and all buildings/structures
- Location, size and type of all buildings/structures
- Labels (roads, rivers or streams, building/structures)
- Scale
- Legend
- Date

The information displayed on this sketch should align with the information provided in Section 5 of this application.

8 OTHER APPLICATIONS

Does the application require an Official Plan Amendment, Zoning By-law Amendment, Consent, Minor Variance, or Plan of Subdivision/Condominium?

Yes No

If yes, please specify: _____

9 AFFIDAVIT OR SWORN DECLARATION

I, _____ of the town of _____ in the

_____ make oath and say (or solemnly declare) that the information
(name of District, Region, County or Province)

Contained in the documents that accompany this application is true, and I make this solemn declaration conscientiously believing 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 _____ in the _____
(Municipality) (District)

this _____ day of _____, 20_____.

Applicant's Signature

Commissioner of Oaths

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

Applicant's Consent (Freedom of Information):

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.

Signature of Owner(s)

Date

Signature of Owner(s)

Date

Signature of Witness

Date