



Zoning By-Law Amendment Application

Under Section 34 of the Planning Act

DATE RECEIVED _____

Roll Number: 22-16-000-00____ - _____-0000

Submission of the Application

- One application form for each parcel to be severed.
- Application Fees**
- Pre-consultation with NVCA, NEC or Road Authority (if required)
- Sketch

Completeness of the Application

The information in this form **must** be provided by the applicant with the appropriate fee. If the information and fee are not provided, the application will be returned or refused for further consideration until the information and fee have been provided.

The application form also sets out other information that will assist the Township and others in their planning evaluation of the consent application. To ensure the quickest and most complete review, this information should be submitted at the time of application. In the absence of this information, it may not be possible to do a complete review within the legislated time frame for making a decision. As a result, the application may be refused.

SUMMARY OF FEES

Costs will be invoiced as received (plus a 10% Administration charge) and are required to be paid in full and will not be drawn from the security deposit.

MINOR ZONING AMENDMENT
NON REFUNDABLE FEE: \$1500

MAJOR ZONING AMENDMENT
NON REFUNDABLE FEE: \$2500
SECURITY DEPOSIT: Estimated by staff

HOLDING, BONUSING & TEMPORARY USE
NON REFUNDABLE FEE: \$1000

*NVCA FEE IF IN REGULATED OR NHS AREA

1. Applicant and Ownership Information		
Name of Legal Owner(s)		Telephone:
Address		Postal Code
Email		
Contact Information, if different than owner (this may be a person/firm acting on behalf of the owner)		
Name of Contact		Telephone:
Address		Postal Code
Email		
Mortgage, Line of Credit, Charges, or other encumbrances in respect of the subject land		
Name		Address
DC #	Telephone/Fax	Email

2. Location and Description of the Subject Land			
Concession	Lot	Registered Plan/Lot(s)/block(s)	
Street/Emergency No.	Street/Road	Reference Plan No.	Part Number(s)
Width of street/road _____m	<input type="checkbox"/> Municipal year round maintained road	<input type="checkbox"/> MTO / County Road	<input type="checkbox"/> Seasonal / Private Road
Frontage (m)	Entire Property	Affected Area (is amendment does not affect entire property)	

Depth (m)		
Area (hectares)		
3. Zoning and Official Plan Information		
Current zoning of subject lands:	Proposed zoning:	
Related applications under the Planning Act, in any:	Has subject lands even been subject of an application under the Planning Act? File #: _____ Status: _____	
Nature & extent of the proposed zoning:		
Purpose/reason why the rezoning is requested:		
Current Official Plan designation:	Provide an explanation of how the application conforms to the Official Plan	
4. Consistency with Policy Documents		
Does this application:		
Alter the Boundary of a settlement area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Create a new settlement area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remove lands from an employment area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide details of any Official Plan or Official Plan Amendment:		
Are the subject lands in an area where conditional zoning may apply? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide details of how this application conformed to Official Plan conditional zoning policies		
Is the proposed application consistent with the Provincial Policy Statement and any other Policy Statements issued under subsection 3(1) of the Planning Act: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of individual having knowledge of the policy statements. A report may be required to accompany this application and support the above statement of consistency.		Signature
Are the subject lands within the Niagara Escarpment Greenbelt Plan area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the subject lands within the Greater Golden Horseshoe Growth Plan area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does the proposed application conform to or does not conflict with the Provincial Plans, including Greenbelt Plan and Growth Plan:					<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Name of individual having knowledge of the policy statements. A report may be required to accompany this application and support the above statement of consistency.					Signature _____					
5. Land Use										
Date Property Acquired _____										
Existing Use				Proposed Use						
Existing and Proposed buildings and Structures										
Type of Building or Structure		Set Backs (m)				Height (m)	Dimensions (m x m)	Area (m2)	Date of Construction / Proposed Construction	Time use has continued (for existing buildings & structures)
		Front	Rear	Side	Side					
	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed									
	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed									
	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed									
	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed									
	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed									
	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed									
Water <input type="checkbox"/> Private Well <input type="checkbox"/> Communal Well <input type="checkbox"/> Municipal Water <input type="checkbox"/> Other: _____		Sewage Disposal <input type="checkbox"/> Private Septic <input type="checkbox"/> Communal Septic <input type="checkbox"/> Other: _____			Storm Drainage <input type="checkbox"/> Sewer <input type="checkbox"/> Ditches <input type="checkbox"/> Swales <input type="checkbox"/> Other: _____		Tile Drainage <input type="checkbox"/> No <input type="checkbox"/> Yes, please mark on site plan location of tile runs			
Does the proposed development produce greater than 4500 litres of effluent per day?					<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If yes, attach a servicing options report and hydro geological report										
Are the lands part of a Nutrient Management Plan?					<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Please provide plan number _____ and date approved by OMAFRA _____										
Are there any livestock facilities within 500 metres of the subject lands?					<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If yes, provide a Farm Data Sheet completed by each livestock facility owner for each of the livestock facilities. http://mulmur.ca/departments/planning										
6. Other Information										
Please provide any other information that may be useful to the Council or other agencies in reviewing this application, ie. health department, conservation authority, etc.										

7. Sketch (please use metric units)

The application shall be accompanied by a sketch showing the following:

- The boundaries and dimensions of the subject land
- The location, size and type of all existing and proposed buildings and structure on the subject land, indicating the distance of the buildings or structures from the lot lines
- The approximate location of all natural and artificial features on the subject land and adjacent lands that in the opinion of the applicant may affect the application, such as buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded areas, wells and septic tanks
- The current use on land that is adjacent to the subject land
- The location, width and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public travelled road, a private road or right of way
- The location and nature of any easement affecting the subject land

AUTHORIZATION, DECLARATIONS AND ACKNOWLEDGEMENTS

OWNERS AUTHORIZATION

I, _____, am the owner of the lands subject to this application hereby agree to the following:

1. Township staff or their representatives are authorized to enter my property for the purposes of evaluating this application.
2. I acknowledge and agree to pay all costs associated with the processing and evaluation of this application, including any peer reviews and consulting fees. These costs may be deducted from the deposit or invoiced directly, at the discretion of the Township. Should this application be appealed to the Local Planning Appeal Tribunal, I am aware that I will be responsible and agree to pay all fees related to the Local Planning Appeal Tribunal process.
3. For the purposes of the Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Planning Act for the purposes of processing this application, and further I authorize my agent for this application to provide any of my personal information that will be included in this application or collected during the processing of this application.
4. I authorized _____ to make this application of my behalf.

_____ Date

_____ Signature of Owner

_____ Signature of Owner

SWORN DECLARATION OF APPLICANT

I, _____ of the _____ in the _____ 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.

Sworn (or declared) before me at the _____ in the _____

this _____ day of _____ 20____.

_____ Commissioner of Oaths

_____ Applicant

_____ Applicant