



Application for Amendment to Township Official Plan

Under Section 22(4)(5) of the Planning Act

DATE RECEIVED: _____

Property Roll Number _____

Fees Received: _____

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. This information is prescribed in the schedule to Ontario Regulation 435/06 made under the Planning Act and Township By-Law.

The application form also sets out other information that will assist in the planning evaluation of the 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 OPA
 NON REFUNDABLE FEE: \$2500
 SECURITY DEPOSIT: Estimated by staff

MAJOR OPA
 NON REFUNDABLE FEE: \$5000
 SECURITY DEPOSIT: Estimated by staff

*NVCA FEE IF IN REGULATED OR NHS AREA

Submission of the Application

- One application form
- Application Fee**
- 1 copy of the completed application form and 1 copy of the sketch are required by the Township.
- Measurements are to be in metric units.
- Affidavit signed in front of a commissioner
- Agent Authorization
- Pre-consultation with NVCA
- Pre-consultation with NEC
- Pre-consultation with Road authority
- Pre-consultation with the approval authority

Please Print and Complete or (X) Appropriate Boxes

1. Applicant and Ownership Information		
1.1	Name of Applicant	Home Telephone No.
	Address	Business Telephone No.
	Postal Code	
	Email	
1.2	Name of Owner(s) If different from the applicant an owner's authorization is required in Section 7.1, if the applicant is not the owner.	
	Address	Home Telephone No.
		Business Telephone No.
1.3	Name of the person who is to be contacted about the application, if different than the applicant (this may be a person or firm acting on behalf of the applicant).	
	Name of Contact Person	Home Telephone No.
		Business Telephone No.
	Address	Postal code
		Fax No.

1.4 Any Mortgages, Charges, or other encumbrances in respect of the subject land:	
Name	Address

2. Location and Description of the Subject Land			
2.1 County: Dufferin	Municipality Township of Mulmur		
Concession Number	Lot	Registered Plan/Lot(s) / Block(s)	
Reference Plan No.	Part Number (s)	Street/Road:	Street/Emergency No.
Width of street/road ____m	<input type="checkbox"/> Municipal year round maintained road <input type="checkbox"/> County Road <input type="checkbox"/> Seasonal or private road		
Frontage (m)	Entire Property	Affected Area (if amendment does not affect entire property)	
Depth (m)			
Area (hectares)			

3. Zoning and Official Plan Information	
3.1 Current zoning of the subject lands:	
3.3 Related Applications under the Planning Act, if any:	3.4 Has subject lands ever been subject of an Application under the Planning Act? File # Status: File # Status:
3.5 PURPOSE: Identify policy and give purpose of proposed amendment, if applicable. <input type="checkbox"/> CHANGE <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> DELETION <input type="checkbox"/> ADDITION	
3.6 Current Official Plan Designation:	
3.7 Proposed Official Plan Designation:	
3.8 Are there any easements or restrictive covenants affecting the subject lands? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe	
3.9 The land uses which would be authorized by the proposed official plan amendment.	

3.10 the subject land, or lands within 120 metres of the subject land, the subject of an application for approval of an official plan amendment, a zoning by-law amendment, a minister's zoning order amendment, a plan of subdivision, a consent or a site plan?
 Yes No If Yes, please describe

Status:

4. Proposed Amendment

4.1 The text of the proposed amendment if a policy in the official plan is being changed, replaced or deleted or if a policy is being added to the official Plan. Yes , Attached. No, Does not apply.

4.2 The proposed schedule to the official plan if the proposed amendment changes or replaces a schedule in the official plan.
 Yes , Attached. No, Does not apply

5. Consistency with Policy Documents

5.1 Does this application

Alter the boundary of a settlement area? yes no
 Create a new settlement area? yes no
 Remove lands from an employment area? yes no

If yes, provide details of any Official Plan or Official Plan Amendment

5.2 Are the subject lands in an area where conditional zoning may apply? yes no
 If yes, provide details of how this application conforms to Official Plan conditional zoning policies.

5.3 Is the proposed application consistent with the Provincial Policy Statement and any other Policy Statements issued under subsection 3(1) of the Planning Act:
 yes
 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

5.4 Are the subject lands within the Greenbelt Plan area
 yes
 no

4.5 Are the subject lands within the Greater Golden Horseshoe Growth Plan area
 yes
 no

5.6 Does the proposed application conform to or does not conflict with the Provincial Plans, including the Greenbelt Plan and Growth Plan:
 yes
 no

 Name of individual having knowledge of the plans
 A report may be required to accompany this application and support the above statement of consistency.

 Signature

6. Land Use

6.1 Date property acquired Unknown

6.2 Existing Use	5.3 Proposed Use
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7. Environmental

Water <input type="checkbox"/> Private Well <input type="checkbox"/> Communal Well <input type="checkbox"/> Municipal Well <input type="checkbox"/> Other _____	Sewage Disposal <input type="checkbox"/> Private Septic <input type="checkbox"/> Communal System <input type="checkbox"/> Other: _____	Storm Drainage <input type="checkbox"/> Sewer <input type="checkbox"/> Ditches <input type="checkbox"/> Swales <input type="checkbox"/> Others: _____	Tile Drainage <input type="checkbox"/> no <input type="checkbox"/> yes, please mark on site plan location of tile runs	Biosolids <input type="checkbox"/> no <input type="checkbox"/> yes, please mark on site plan location and timing of applications
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Does the proposed development produce greater than 4500 litres of effluent per day? yes no

If yes, attach a servicing options report and hydro geological report.

8. Agriculture

Are lands part of a Nutrient Management Plan?

no yes, please provide plan number _____ and date approved by OMAFRA _____

Are there any livestock facilities within 500 metres of the subject lands? no yes

If yes, provide a Farm Data Sheet completed by each livestock facility owner for each of the livestock facilities.

9. Other Information

9.1 Any other information that may be useful to the Council or other agencies in reviewing this application, ie. health department, conservation authorities, etc.

Please provide any correspondence relating to the application from the following agencies:

- Niagara Escarpment Commission
- Nottawasaga Valley Conservation Authority
- County of Dufferin Building Department (including septic information)
- Road Entrance information (County of Dufferin and/or Township of Mulmur Public Works)

10 Sketch

The application shall be accompanied by a sketch showing the following: **(Please Use Metric Units)**

- the boundaries and dimensions of the subject land.
- the location, size and type of all existing and proposed buildings and structures on the subject land, indicating the distance of the buildings or structures from the front yard lot line, rear yard lot line and side yard lot lines.
- the approximate location of all natural and artificial features on the subject land and on land that is adjacent to the subject land that may affect the application. Examples include 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 road within or abutting the subject land, indicating whether it is an unopened road allowance, a public travelled road, a private road or a right of way.
- the location and nature of any easement affecting the subject land.

Please completed the authorization, declarations and acknowledgement form.

AUTHORIZATION, DECLARATIONS AND ACKNOWLEDGEMENTS

IN THE MATTER OF A PLANNING APPLICATION FOR:

- | | |
|--|--|
| <input type="checkbox"/> Official Plan Amendment | <input type="checkbox"/> Plan of Subdivision/Condominium |
| <input type="checkbox"/> Zoning By-law Amendment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Consent to Sever | |

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 on my behalf.

_____	_____
Date	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__

Applicant

_____	_____
Commissioner of Oaths	Applicant