



# Application for Draft Plan of Subdivision or Condominium

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.

## Please Print and Complete or (X) Appropriate Boxes

### SUMMARY OF FEES

Application Fee: \$3,000

**SECURITY** Deposit Required: as estimated by staff

**SECURITY DEPOSIT:** 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

### Submission of the Application

- One application form and one digital copy
- Application Fee**
- 1 completed application form
- 5 copies of the draft plan and one digital copy
- 5 copies of all studies and one digital copy
- 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

1. Applicant and Ownership Information			
1.1	Name of Applicant	Home Telephone No.	Business Telephone No.
	Address		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: <b>Dufferin</b>	Municipality <b>Township of Mulmur</b>	
	Concession Number	Lot	Registered Plan/Lot(s) / Block(s)
	Reference Plan No.	Part Number (s)	Street/Road: <span style="float: right;">Street/Emergency No.</span>
	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)	<b>Entire Property</b>	<b>Affected Area (if amendment does not affect entire property)</b>
	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 # <span style="float: right;">Status:</span>
			File # <span style="float: right;">Status:</span>
3.5	Current 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		
3.10	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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe		
	Status:		
4. Subdivision of Condominium			
	Number of units/lots:		
	Density:		
	Described the proposed development:		

**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 <input type="checkbox"/> yes <input type="checkbox"/> no	4.5 Are the subject lands within the Greater Golden Horseshoe Growth Plan area <input type="checkbox"/> yes <input type="checkbox"/> no
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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**

<b>Water</b> <input type="checkbox"/> Private Well <input type="checkbox"/> Communal Well <input type="checkbox"/> Municipal Well <input type="checkbox"/> Other _____	<b>Sewage Disposal</b> <input type="checkbox"/> Private Septic <input type="checkbox"/> Communal System <input type="checkbox"/> Other: _____	<b>Storm Drainage</b> <input type="checkbox"/> Sewer <input type="checkbox"/> Ditches <input type="checkbox"/> Swales <input type="checkbox"/> Others: _____	<b>Tile Drainage</b> <input type="checkbox"/> no <input type="checkbox"/> yes, please mark on site plan location of tile runs	<b>Biosolids</b> <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 \_\_\_\_\_

<b>Are there any livestock facilities within 500 metres of the subject lands?</b> <input type="checkbox"/> no <input type="checkbox"/> yes If yes, complete the following for each farm operation:			
Animal type	Barn dimensions of all barns capable of housing livestock	Number of tillable hectares of farm land	Type of Manure storage
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<b>9. Other Information</b>
<p>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.</p> <p>Please provide any correspondence relating to the application from the following agencies:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Niagara Escarpment Commission</li> <li><input type="checkbox"/> Nottawasaga Valley Conservation Authority</li> <li><input type="checkbox"/> County of Dufferin Building Department (including septic information)</li> <li><input type="checkbox"/> Road Entrance information (County of Dufferin and/or Township of Mulmur Public Works)</li> </ul>

<b>10 Sketch</b>
<p>9.1 The application shall be accompanied by a sketch showing the following: <b>(Please Use Metric Units)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> the boundaries and dimensions of the subject land.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> the current use on land that is adjacent to the subject land.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> the location and nature of any easement affecting the subject land.</li> </ul>

<b>11 Affidavit, Sworn Declaration and Authorizations</b>
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Please include the authorizations, declarations and acknowledgement form.

# **AUTHORIZATION, DECLARATIONS AND ACKNOWLEDGEMENTS**

## **IN THE MATTER OF A PLANNING APPLICATION FOR:**

- Official Plan Amendment
- Zoning By-law Amendment
- Consent to Sever

- Plan of Subdivision/Condominium
- Other \_\_\_\_\_

## **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 OMB, I am aware that I will be responsible and agree to pay all fees related to the OMB 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