

File No.

## Corporation of the Township of Tay

450 PARK ST. P.O. BOX 100 VICTORIA HARBOUR ONTARIO LOK 2A0

(705) 534-7248 FAX (705)534-4493 info@tay.township.on.ca

# OFFICIAL PLAN AMENDMENT APPLICATION

•	DWNERSHIP/APPLICANT DETAILS
	Name of Owner(s):
	Address:
	Postal Code: Telephone No. () Email Address:
	Date subject lands acquired by owners:
	Name of Authorized Agent (if any)
	Address:
	Postal Code: Telephone No. () Email Address:
	NOTE: It is requested that all communications be sent to:  Owner Agent
	Names and addresses of any mortgages, holders or charges or other encumbrances:

В.	PROPERTY DETAILS		
_			
4.	Description of Subject Lands:		
	Concession # Lot(s)		
	Registered Plan # Lot(s)		
	Reference Plan # Part(s)		
	Name of Fronting Street and Street #		
5.	Dimensions of Subject Lands (metres/hectare):		
	a) Frontage (metres)		
	b) Depth (metres)		
	c) Area (metres)		
	DDODOGAL DEWALLG		
C.	PROPOSAL DETAILS		
6.	Provide and explanation of the Application and Proposal Amendment:  a) Current Official Plan designation of subject lands:		
	a) Current Official Fian designation of subject lands.		
	b) Land uses permitted by current land use designation:		
	c) Would the requested amendment change, replace or delete a policy in the Official Plan? NOYES, Section Numbers:		
	d) Would the requested Amendment add a policy to the Official Plan?YESNO		
	e) If you answered YES to (c) or (d), state the purpose of the Proposed Official Plan Amendment:		
	, <del></del>		
	(f) Does the requested Amendment propose to change or replace the		
	Current land use designation in the Official Plan?		
	YESNO		
	If YES, please state the proposed land use designation:		

Are any lands within 120 metres of this application subject to any				
of the following Planning Applications made by the applicant?				
YESNO Of	fficial Plan Amendment			
YES NO Zoning By-law Amendment				
YESNO Minor Variance				
YESNO Consent (Severance)				
YESNO Plan of Subdivision				
YESNO S	lite Plan			
If you answered YES to any of the above, please indicate the status				
of the application, the File Number, lands affected by the application,				
the Authority considering the application, and the purpose and effect				
of the application.				
File No	File No			
Authority/Agency:	Authority/Agency:			
Subject Land:	Subject Lands			
Status:				
Purpose & Effect:				

- 8. (a) If a policy in the Official Plan is requested to be changed, please provide the text of the proposed amendment that would be added to the Official Plan.
  - (b) If a land use designation in the Official Plan is requested to be changed, please provide the proposed schedule to the Amendment and the text that would accompany the schedule.

#### D. DRAWING DETAILS

### 9. A SURVEY OR SCALE DRAWING IN METRIC, SHOULD BE SUBMITTED WITH THE APPLICATION, AND SHOULD

- a) The boundaries of the owner's total holding with dimensions;
- b) The boundaries of the "Subject Land" with dimensions;
- c) The location, widths and names of the existing streets or highways which abut the subject lands;
- d) The location, size and use of all proposed and/or retained buildings, with dimensions and relationship to the lot boundaries clearly marked thereon;
- e) The location and size of proposed parking area(s) with dimensions and proposed surface marked thereon;
- f) The location of any landscaping and/or fencing proposed, with the type and height clearly marked thereon;
- g) Natural and artificial features (existing and proposed) such as buildings, railways, highways, pipelines, watercourses, drainage ditches, swamps and wooded areas within or adjacent to the subject land, as well as the location of any septic tank, tile bed or well;
- h) The location and direction of any lighting proposed;
- i) The slope of the land, in order to establish the relationship between the grade of abutting highways and the grade of the subject land, and to determine the drainage of the land (this information may be given in the form of contours, spot elevations or written description);
- j) Any rights-of-way or other easements on or abutting the subject lands

NOTE: For the purposes of Ontario Regulation No. 198/96, a survey or Scale Drawing is not required for the consideration of the Application

E. SIGNATURES		
10. Affidavit/Declaration		
I,		of
in the County of Simcoe solem		
herewith, are true and I make t	this solemn declarat	nts contained in all of the exhibits submittention, conscientiously believing it to be true and if made under oath and by virtue of the "Canada"
DECLARED before me at the	Township of Tay	
In the County of Simcoe this _	day of	in the year
Signature of Applicant	A Com	missioner, etc.
11. Owners Statement		
correctness of the information	/We examined the consummer submitted with the	cistered owner(s) of the lands contents of this application and certify as to the application insofar as I/We have knowledge on application to the Township of Tay.
Signed	Date:	
Owner		
Owner		

Note: If the owner is a Corporation, the application shall be signed by an officer of the Corporation and the Corporations Seal shall be affixed.

Personal information contained on this form/document/application is collected pursuant to the Planning Act and will be used for the purpose for which it was collected. Questions about this collection or it's disclosure should be directed to the Clerk of the Township of Tay.

#### 12. Acknowledgement

The Applicant hereby signifies and acknowledges the payment of the Planning Application Fee as established by By-Law to the Township as a fee at the time of filing of this application.

The Applicant hereby signifies and acknowledges that the fees or portion thereof are to be held as a deposit to cover any legitimate costs in processing this application. Legitimate costs may include but are not limited to, legal, planning, landscape, architecture, etc. services.

The Applicant hereby acknowledges and agrees that if the Township deems it necessary to retain outside professionals in order to process and consider the application, the cost of these services shall be deducted from the deposit. If the deposit is depleted, all work on the processing and consideration of the application will stop until the deposit is returned to its required amount. Oce the application has been finalized any surplus deposit shall be returned to the Applicant. NO ASSURANCE IS GIVEN THAT THE PAYMENT OF THE FEE WILL RESULT IN APPROVAL.

Signed:	Date
Personal information contained on this form/document/applic	cation is collected pursuant to the Planning Act and will be about this collection or it's disclosure should be directed to the
13. Additional Fees	
Application, or an appeal to the Ontario Mu Township of this Application, the Applicant by	es are incurred by the Township pertaining to this nicipal Board in defense of an approval by the endorsing below, hereby agrees to pay all such is incurred by the Township, upon receipt of an
Signature of Owner/Agent	Date:
FOR OFFICE USE ONLY:	
Date Complete Application Received	
Checked by	
Amendment File No	
Comments:	



# Corporation of the Township of Tay

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(705) 534-7248 PHONE (705) 534-4493 FAX

#### **PERMISSION TO ENTER**

Planning & Development Department 450 Park Street P. O. Box 100 Victoria Harbour, ON LOK 2A0  Dear Sir/Madam:  Re: Submission of Planning Application  Address of Subject Property:	Date:
Re: Submission of Planning Application  Address of Subject Property:	Planning & Development Department 450 Park Street P. O. Box 100
Address of Subject Property:	Dear Sir/Madam:
I hereby authorize the members of the Committee and members of the staff of the Township of Tay to enter onto the above-noted property for the limited purposes of evaluating the merits of this application.  Signature of Owner or Authorized agent	Re: Submission of Planning Application
Township of Tay to enter onto the above-noted property for the limited purposes of evaluating the merits of this application.  Signature of Owner or Authorized agent	Address of Subject Property:
	Township of Tay to enter onto the above-noted property for the limited purposes o
Please print name	Signature of Owner or Authorized agent
	Please print name

### **REFUND OF DEPOSIT BALANCE**

### **Acknowledgement Form**

Date:			
Municipal Address			
Owner Name:			
Applicant Name:			
Purpose of Application:			
I/We hereby acknowledge and recognize that the deposit paid with this application will be returned to the <b>Current Owner</b> at such time as the request is formally made and the works are completed to the Township's satisfaction.			
Signature of Applicant	Date		
Signature of Owner	Date		

D00 Development and Planning - General\Planning and Development General\Application Forms\Planning Applications