

# Application for Zoning By-law Amendment



Chatsworth

## Township of Chatsworth

316827 Highway 6

RR 1 Chatsworth, ON N0H 1G0

Telephone No. 519-794-3232 Fax No. 519-794-4499

To be completed by the Township:

Application No. \_\_\_\_\_

Assessment Roll No. \_\_\_\_\_

Before completing this application and submitting it to the Township, please be advised of the following:

Prior to submitting an application for Zoning By-law Amendment, you are required to discuss the proposal with the Township Planner. Please contact the Township office to make this arrangement.

The Planning Act requires the Township to deem an application to be either complete or incomplete within 30 days of receipt of application. The Township Planner will provide a written comment in this regard within the required 30 days.

The application will likely be deemed complete if: the application has been completed properly; a proper drawing has been submitted; the applicable fees have been submitted; and, the necessary background information in support of the proposed development, where deemed necessary by the Township, has been filed. The submission requirements will be outlined during the pre-submission discussions. Please note that deeming the application to be complete does not imply that Township staff or Council will support the proposed development.

Your submission must include a cheque to cover the Zoning By-law Amendment fee and a second cheque to cover the applicable Conservation Authority review fee. Please contact the Township to determine the exact amount to be paid.

The application must be signed by the applicant before a commissioner of oath. A Township staff member has been appointed this position. If the applicant is not the owner of the subject property, the applicant must have authorization from the owner to submit the application (see Question 22 of this application.) If two or more persons collectively own the property, all owners must sign the application form.

### 1. APPLICANT INFORMATION

a) Registered Owner's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

b) Applicant's or Agent's Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

c) Name, Address, Phone of all persons having any mortgage charge on encumbrance on the property: \_\_\_\_\_  
\_\_\_\_\_

d) Send Correspondence To (check all applicable)? Owner  Agent  Other

**2. SUBJECT PROPERTY**

Municipal Address (if applicable) \_\_\_\_\_

Assessment Roll Number No. \_\_\_\_\_

Former Municipality: Village of Chatsworth  Holland Township  Sullivan Township

Lot \_\_\_\_\_ Concession \_\_\_\_\_ Registered Plan No. \_\_\_\_\_

Lot \_\_\_\_\_ Reference Plan \_\_\_\_\_

**3. DIMENSIONS OF SUBJECT PROPERTY (in metric)**

Area: \_\_\_\_\_ hectares Frontage: \_\_\_\_\_ metres Depth: \_\_\_\_\_ metres

**4. WHEN DID THE CURRENT OWNER ACQUIRE THE SUBJECT PROPERTY? \_\_\_\_\_**

**5. WHAT IS THE EXISTING USE OF THE SUBJECT PROPERTY AND HOW LONG HAS THAT USE EXISTED ON THIS PROPERTY? \_\_\_\_\_**

**6. WHAT IS THE PROPOSED USE OF THE SUBJECT PROPERTY? \_\_\_\_\_**

\_\_\_\_\_

**7. WHAT IS THE PURPOSE OF THE ZONING BY-LAW AMENDMENT?**

Be specific. Attach additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

**8. IF THE ZONING BY-LAW AMENDMENT IS TO IMPLEMENT AN ALTERATION TO THE BOUNDARY OF A SETTLEMENT AREA, PLEASE PROVIDE DETAILS OF THE OFFICIAL PLAN OR OFFICIAL PLAN AMENDMENT THAT DEAL WITH THE MATTER.**

Attach additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

**9. IF THE ZONING BY-LAW AMENDMENT IS TO REMOVE LAND FROM AN EMPLOYMENT AREA, PLEASE PROVIDE DETAILS OF THE OFFICIAL PLAN OR OFFICIAL PLAN AMENDMENT THAT DEAL WITH THE MATTER.**

Attach additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

**10. WHAT IS THE LAND USE DESIGNATION OF THE SUBJECT LANDS ACCORDING TO THE COUNTY OF GREY OFFICIAL PLAN? \_\_\_\_\_**

**11. WHAT IS THE ZONING OF THE SUBJECT LANDS ACCORDING TO THE TOWNSHIP OF CHATSWORTH ZONING BY-LAW? \_\_\_\_\_**

**12. PROVIDE THE FOLLOWING DETAILS FOR ALL BUILDINGS, EXISTING AND PROPOSED:**  
(Use a separate page if necessary)

Buildings	Use of Building	Date of Construction	Ground Floor Area (m <sup>2</sup> )	Total Floor Area (m <sup>2</sup> )	No. of Storeys	Height (m)
Existing Building No. 1						
Existing Building No. 2						
Existing Building No. 3						
Existing Building No. 4						
Existing Building No. 5						
Proposed Building No. 1						
Proposed Building No. 2						
Proposed Building No. 3						

**13. INDICATE THE TYPE OF SERVICING:**

Type of Servicing	Existing	Proposed
Water Servicing Municipal, Communal, Private Well		
Sewer Servicing Communal, Private Well		
Storm Servicing Storm Sewer, Ditches, Swales		

**14. INDICATE THE TYPE OF ROAD ACCESS:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Provincial Highway                        |
| <input type="checkbox"/> | <input type="checkbox"/> | County Road                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Municipal Road, open year-round           |
| <input type="checkbox"/> | <input type="checkbox"/> | Municipal Road, not maintained year-round |
| <input type="checkbox"/> | <input type="checkbox"/> | Private Right of Way                      |

**WHAT IS THE NAME OF THE ROAD, IF APPLICABLE?** \_\_\_\_\_

**15. HAS THE APPLICANT OR OWNER MADE APPLICATION FOR ANY OF THE FOLLOWING, EITHER ON OR WITHIN 120 METRES OF THE SUBJECT LAND?**

- |                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| Official Plan Amendment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Zoning By-law Amendment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Minor Variance          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Consent                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Plan of Subdivision     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Site Plan Control       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

IF ANY ANSWER TO ANY OF THE ABOVE IS "YES", PLEASE PROVIDE THE FOLLOWING INFORMATION:

File No. of Application: \_\_\_\_\_

Approval Authority: \_\_\_\_\_

Purpose of Application: \_\_\_\_\_

Status of Application: \_\_\_\_\_

Effect on the Current Application for Amendment: \_\_\_\_\_

16. LIST ALL PUBLIC AGENCIES TO WHICH YOU DISCUSSED THIS MINOR VARIANCE APPLICATION PRIOR TO SUBMITTING THIS APPLICATION:

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17. LIST THE TITLES OF ANY SUPPORTING DOCUMENTS SUBMITTED WITH THIS MINOR VARIANCE APPLICATION

(e.g. Planning Report, Environmental Impact Study, Traffic Study, Storm Water Management Report, etc.)

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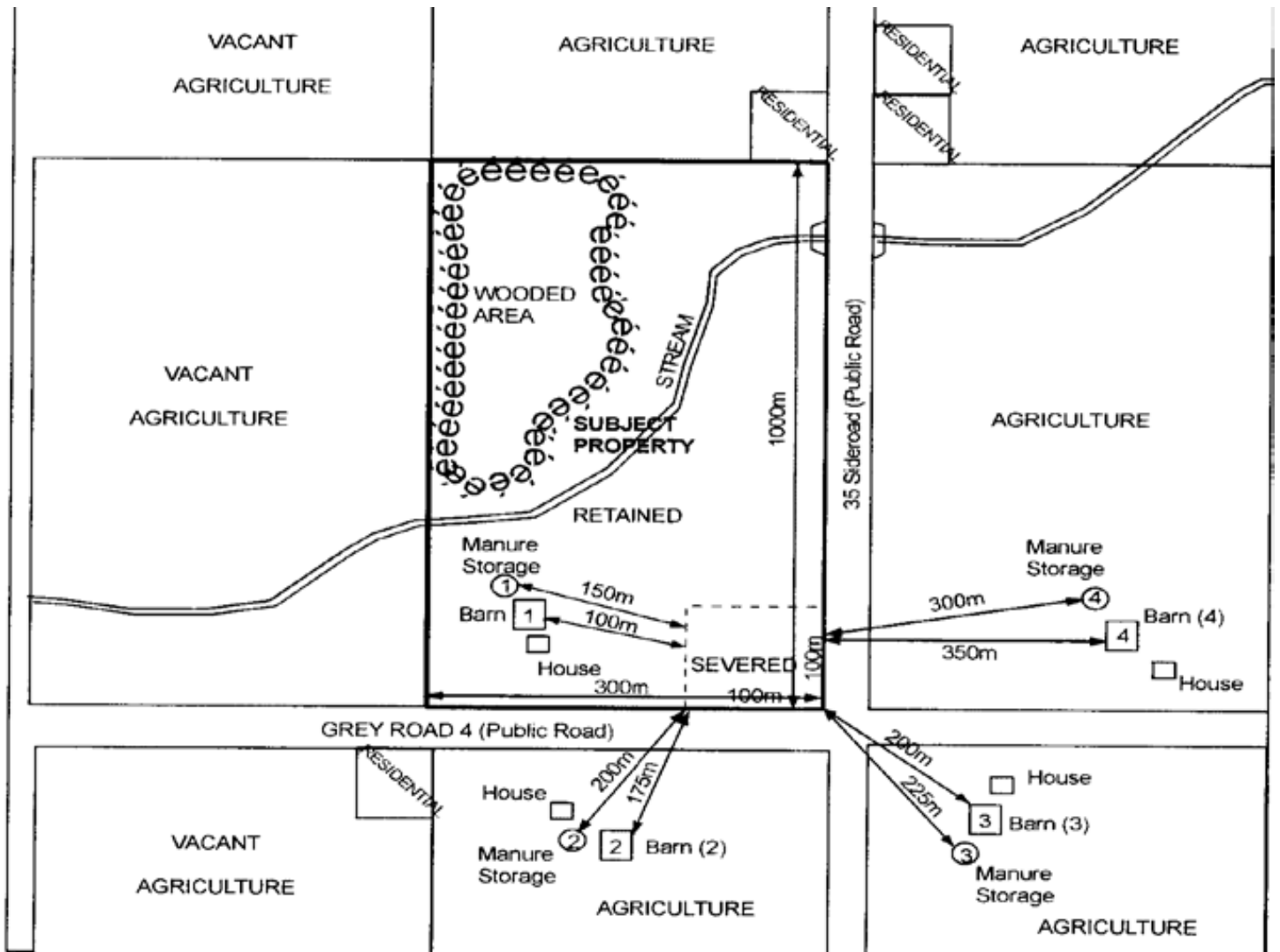
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18. REQUIRED DRAWING

A drawing prepared to scale on an 11" x 14" sheet of paper is required showing:

- the north arrow;
- the lands that are owned by the owner/applicant, including dimensions;
- the lands that only subject to the application, if different from the above, including dimensions;
- the location of all open and unopen roads that abut the subject property;
- the location of all buildings or structures on the subject property, including setbacks from lot lines;
- the location of the septic system and well, if applicable;
- the location of driveways and parking areas on the subject property;
- the location of other features on the property including forested areas, watercourses;
- the location of easements on the subject property, if applicable;
- the uses of the adjacent lands;
- the location of all barns and manure storage facilities on the subject property and on lands within 500 metres of the subject property;

Sample Drawing



**19. UNDERSTANDING OF OWNER:**

The following shall be signed the owner(s) of the subject property:

I (we), \_\_\_\_\_ of the \_\_\_\_\_  
print your name here

\_\_\_\_\_ in the County/Region of \_\_\_\_\_

understand and agree to the following:

- 1. I/we understand that the Application Fee / Deposit Agreement must be signed and submitted along with this application.
- 2. I/we agree to allow Township staff and its representatives to enter upon the premises for the purpose of performing inspections of the subject property.
- 3. I/we 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 Township.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**20. AUTHORIZATION FOR AGENT/SOLICITOR TO ACT FOR OWNER:**

If the person applying for the Minor Variance, as listed in Question 2, is not the owner of the property, as listed in Question 1, then the following must be completed and signed:

I (we), \_\_\_\_\_ of the \_\_\_\_\_  
print your name(s) here

\_\_\_\_\_ in the County/Region of \_\_\_\_\_

hereby authorize \_\_\_\_\_ to serve as my/out agent.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**21. AFFIDAVIT**

The following must be signed in the presence of a Commissioner of Oath:

I (we), \_\_\_\_\_ of the \_\_\_\_\_  
print your name(s) here

\_\_\_\_\_ in the County/Region of \_\_\_\_\_

solemnly declare that all the statements contained in this application are true, and I (we) make this solemn declaration conscientiously believing it 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 \_\_\_\_\_ of \_\_\_\_\_  
in the County/Region of \_\_\_\_\_

this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Name of Commissioner

\_\_\_\_\_  
Applicant name in Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Applicant name in Print

\_\_\_\_\_  
Signature of Applicant

To be completed by the Township:  
Application fee of \$\_\_\_\_\_ received by the Township.  
Conservation Authority review fee of \$\_\_\_\_\_ received by the Township  
\_\_\_\_\_  
Township staff signature