

2021 Division Road North Kingsville, Ontario N9Y 2Y9 Phone: (519) 733-2305 www.kingsville.ca

# APPLICATION FOR: OFFICIAL PLAN AMENDMENT

#### **Instructions**

Pre-consultation with the Planning Department is required.

Complete all Sections of the application. Include the authorization of the registered property owner(s) if required, see Authorization Page

Applications must include two copies of all supporting plans with all appropriate details relating to the requested amendment.

Submit the completed application, all supporting material and applicable application fees to the Planning Department, Town of Kingsville Municipal Office

Applications which are not complete or missing required fee(s) may be returned to the applicant. Adminstration also reserves the right to request additional information.

#### Fees

Fees are subject to change. Cheques are to be made payable to the Town of Kingsville.

Type of application:

П	OFFICIAL PLAN AMENDMENT -	(Fee: \$3,000 /	plus external costs /	'ERCA Fee: \$400	) TOTAL =	= \$3,400
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#### **Contact Information**

Robert Brown, H. Ba. MCIP, RPP - Manager, Planning Services ext 250 rbrown@kingsville.ca

If you would prefer to complete the application offline please click here for a printable copy

Official Plan Amendment Application No: (office use only)	
PART A - APPLICATION DETAILS	
APPROVAL AUTHORITY - TOWN OF KINGSVILLE	
1. Date of pre-consultation with Town: *	2. Date application received by Town:
3: Date application deemed complete by Town:	
4: Name of registered owner(s) * ?	
Best Contact Number: *	Alternative Contact Number: *
Full Mailing Address: *	E-Mail Address: *
Name of Solicitor, Authorized Agent or Applicant (if applica	ble):
Best Contact Number: *	Full Mailing Address: *

Please specify to whom all c sent:	communications are to be		
5. Location and description:	*		
6: Are you aware of any regi easements or restrictive cov	stered, non-registered renants on the property(s) in	If Yes, Please provide detai	ls:
question? *			
Yes			
No			
7. Size of the subject parcel	(metric):		
Frontage: *	Depth: *	Area: *	
Irregular Shaped:		Dimensions shown on atta	ched sketch:
Yes	No	Yes	No
8. Current Official Plan desig	gnation of subject land:		
9. Proposed Official Plan de	signation of subject land:		
40.0			
10. Current zoning of the su	bject land:		

12. Length of Time Current Use(s) has Con	atinued:
12. Length of Time Current Ose(s) has Con	itiliueu.
13. Date the subject land was acquired by	current registered owner: *
14. Please outline the purpose of the propo	osed Official Plan amendment:
15. Please outline the applicable section(s)	of the Official Plan that will require amendment:
10.1 load dating the applicable conton(c)	or the emolar har that will require amortament.
16. Please provide the text of the proposed	ł Official Plan amendment:
16. Please provide the text of the proposed	d Official Plan amendment:
16. Please provide the text of the proposed	d Official Plan amendment:
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	d Official Plan amendment:
17. Does the requested amendment remove	re the subject land from an area of employment:
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## Page 5 18. Does the requested amendment require an extension of the settlement area boundary: Yes ■ No If yes, has application for an amendment to the County of Essex Official Plan been filed: □ No ☐ Yes 19. Is the requested amendment consistent with Provincial Policy Statement: MYes ■No 20. Current land use of abutting property on all sides: \* 21. Has the subject property ever been the subject of one of the following applications: Official Plan Amendment Zoning By-law Amendment Site Plan Approval or Amendment Minor Variance Plan of Subdivision Consent Not applicable 22. If known, indicate the file number and the status of the foregoing application (s): 23. Number and Use of buildings and structures on the **Detailed Sketch Attached:** subject lands: \* Yes ĪΝο

#### Page 6 24. How is access provided to the subject parcel: Municipal Road County Road Provincial Highway Private Road Water 25. Is there an existing municipal water service connection on the subject parcel? Yes ■ No 26. Is there an existing sanitary sewer connection on the 27. Is there an existing private septic system on the subject parcel? subject parcel? ■ No <sup>—</sup> No ☐ Yes Yes 28. Type of storm water drainage: Municipal Storm Sewer Municipal Drain Natural Water Course **Swales** Other (Specify) 29. If a sketch is required it should be based on a survey prepared by an Ontario Land Surveyor (OLS) and must include the following: Lot dimensions including area; The setback of all buildings and structures existing and proposed; The current uses of land that is adjacent to the subject parcel (residential, commercial, industrial etc.);

The location and distance from any natural features within 120 m of the subject lands including rivers, creeks, open and closed

municipal drains, natural watercourses, wooded areas and wetlands;

Location of any easement or right-of-way affecting the subject parcel.

Name and location of the street(s) or road(s) adjacent to the subject lands, and

The location of water wells, septic systems, municipal service connections & hydro service;

#### Part B - Authorization

### To: Clerk/Planner, Town of Kingsville

I/WE, the undersigned, being the registered owner(s) of the above lands hereby authorize the indivdual noted below to act on my/our behalf regarding the lands which are the subject of this application.

Name of person acting on you	r behalf:	Town/Municipality of the person acting on your behalf:		
Date:		:		
Date:		<u>:</u>		
Dated at theo	f in the	of		
thisday of _	, 20			

#### Part C - Permission to enter property

#### To: Clerk/Planner, Town of Kingsville

I hereby authorize the Town Planner or his or her delegate or members of the staff of the Corporation of the Town of Kingsville to enter upon the subject lands and premises fo the purpose of evaluting the merits of this application and subsequently to conduct any site inspections that may be required as a condition of approval. This is their authority for doing so.

Pertaining to lands described as: (municipal address) *			
Date:	Signed:		
Witness:			
Date:	Signed:		
Witness:			

Note: Personal information on this form is collected under the authority of the Planning Act. RSO. 1990, Section 51 and will be used for contacting the applicant(s) and for the processing of the application. Questions about this collection should be directed to the Director of Corporate Services, 2021 Division Road North, Kingsville, ON N9Y 2Y9 519-733-2305

### DECLARATION (INDIVIDUAL/JOINT OWNERSHIP)

I	of the	of	_ in
the County/Municipality of		solemnly declare that	
all the statements contained in this ap	plication and any s	upporting documentation	
is true, and I make this solemn declare	e conscientiously b	elieving it to be true, and	
knowing that it is of the same force an	d effect as if made	under oath and by virtue	
of the Canada Evidence Act.			
Declared before me at the Town			
Kingsville, in the County of Essex			
this day of 20			
	_		
A Commissioner.etc. (office use only)			
Signature of Registered Owner(s), or	_		
Authorized Agent			

### **DECLARATION (OFFICER OF CORPORATION)**

I	of the	of	in
the County/Municipality of		am the	
of th	e corporati	on (owner) of the property which is	the
subject of this application. I s	olemnly de	clare that all the statements contain	ned in
this application and any supp	orting docu	mentation is true, and I make this	solemn
declaration conscientiously b	elieving it t	o be true, and knowing that it is of	the
same force and effect as if m	ade under	oath and by virtue of the Canada E	vidence
Act.			
Declared before me at the To	own		
Kingsville, in the County of E	ssex		
this day of	20		
A Commissioner.etc. (office	use only)		
Signature of Registered Own	ver(s) or		
Authorized Agent	ici (3), Ui		
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