



2021 Division Road North  
Kingsville, Ontario N9Y 2Y9  
Phone: (519) 733-2305  
[www.kingsville.ca](http://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. Administration 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:**

OFFICIAL PLAN AMENDMENT - (Fee: \$2,800 / plus external costs / ERCA Fee: \$300) TOTAL = \$3,100

### **Contact Information**

Robert Brown, H. Ba. MCIP, RPP - Manager, Planning Services ext 250

[rbrown@kingsville.ca](mailto:rbrown@kingsville.ca)

OR

Kristina Brcic, MSc, BURPI, Town Planner ext 249 - [kbrbic@kingsville.ca](mailto:kbrbic@kingsville.ca)

If you would prefer to complete the application offline please click here for a [printable copy](#)

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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 applicable):

Best Contact Number: \*

Full Mailing Address: \*

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Please specify to whom all communications are to be sent:

**5. Location and description: \***

**6: Are you aware of any registered, non-registered easements or restrictive covenants on the property(s) in question? \***

Yes

No

**If Yes, Please provide details:**

**7. Size of the subject parcel (metric):**

**Frontage: \***

**Depth: \***

**Area: \***

**Irregular Shaped:**

Yes

No

**Dimensions shown on attached sketch:**

Yes

No

**8. Current Official Plan designation of subject land:**

**9. Proposed Official Plan designation of subject land:**

**10. Current zoning of the subject land:**

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11. Current use(s) of the subject land:

12. Length of Time Current Use(s) has Continued:

13. Date the subject land was acquired by current registered owner: \*

14. Please outline the purpose of the proposed Official Plan amendment:

15. Please outline the applicable section(s) of the Official Plan that will require amendment:

16. Please provide the text of the proposed Official Plan amendment:

17. Does the requested amendment remove the subject land from an area of employment:

Yes

No

If yes, please indicated if justification has been outlined in a planning justification report (PJR)

Yes

No

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:

Yes

No

19. Is the requested amendment consistent with Provincial Policy Statement:

Yes

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

Minor Variance

Site Plan Approval or Amendment

Consent

Plan of Subdivision

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 subject lands: \*

Detailed Sketch Attached:

Yes

No

**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 subject parcel?**

- Yes  No

**27. Is there an existing private septic system on the subject parcel?**

- Yes  No

**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;  
 The location of water wells, septic systems, municipal service connections & hydro service;  
 Name and location of the street(s) or road(s) adjacent to the subject lands, and  
 Location of any easement or right-of-way affecting the subject parcel.

**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 individual noted below to act on my/our behalf regarding the lands which are the subject of this application.

**Name of person acting on your behalf:**

**Town/Municipality of the person acting on your behalf:**

Date: \_\_\_\_\_

Signed (owner): \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Signed (owner): \_\_\_\_\_

Witness: \_\_\_\_\_

Dated at the \_\_\_\_\_ of \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_  
this \_\_\_\_\_ day 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 for the purpose of evaluating 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 application and any supporting documentation  
is true, and I make this solemn declare 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 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 the corporation (owner) of the property which is the subject of this application. I solemnly declare that all the statements contained in this application and any supporting documentation is true, and I 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 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

