



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

APPLICATION FOR: ZONING BY-LAW AMENDMENT OR "H" REMOVAL

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 fee to the Planning Department, Town of Kingsville Municipal Office

Application 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 made payable to the Town of Kingsville.

Type of application:

- ZONING BY-LAW AMENDMENT - (Fee: \$2,400 / ERCA Fee: \$200) TOTAL:\$2,600
- ZONING BY-LAW AMENDMENT - Condition of Surplus Dwelling Severance
- "H" REMOVAL - (Fee: \$650 / ERCA Fee: \$200) TOTAL: \$850
- AMENDMENT TO ALLOW A TEMPORARY USE - (Fee: \$1,350 / ERCA Fee: \$200) TOTAL: \$1,550
- AMENDMENT FOR EXTENSION OF TEMPORARY USE - (Fee: \$750 / ERCA Fee: \$200) TOTAL: \$950

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Contact Information

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

rbrown@kingsville.ca

OR

Kristina Brcic, MSc, BURPI, Town Planner ext 249 - kbrbic@kingsville.ca

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

Zoning Amendment Application No: (office use only)

PART A - APPLICATION DETAILS

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: *

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Name of Solicitor, Authorized Agent or Applicant (if applicable):

Best Contact Number: *

Full Mailing Address: *

Please specify to whom all communications are to be sent:

5. Location and full legal description as appears on tax bill or deed: *

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

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8. Current Official Plan designation of subject land:

9. Current zoning of the subject land:

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

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

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

13. Reason for the requested zoning change or amendment:

14. Proposed use of the subject lands:

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15. Has the subject property ever been the subject of one of the following applications:

- | | |
|--|--|
| <input type="checkbox"/> Official Plan Amendment | <input type="checkbox"/> Zoning By-law Amendment |
| <input type="checkbox"/> Minor Variance | <input type="checkbox"/> Site Plan Approval or Amendment |
| <input type="checkbox"/> Consent | <input type="checkbox"/> Plan of Subdivision |

If known, indicate the file number and the status of the foregoing application (s):

16. Number and Use of buildings and structures on the subject lands: *

Detailed Sketch Attached:

- Yes No

17. The access to the subject parcel is from one of the following:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Municipal Road | <input type="checkbox"/> County Road |
| <input type="checkbox"/> Provincial Highway | <input type="checkbox"/> Private Road |
| <input type="checkbox"/> Water | |

18. Is there an existing municipal water service connection on the subject parcel?

- Yes No

Is there an existing sanitary sewer connection on the subject parcel?

- Yes No

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

- Yes No

19. Type of storm water drainage:

- | | | |
|--|---|---|
| <input type="checkbox"/> Municipal Storm Sewer | <input type="checkbox"/> Municipal Drain | <input type="checkbox"/> Natural Water Course |
| <input type="checkbox"/> Swales | <input type="checkbox"/> Other
(Specify) _____ | |

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20. The required sketch should be based on a survey prepared by an Ontario Land Surveyor (OLS) and must include the following: (Note: not all items will be applicable to your application.)

- 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 Solicitor or Agent acting on your behalf:

Town/Municipality of the Solicitor or Agent:

Date: _____

Signed: _____

Witness: _____

Date: _____

Signed: _____

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

Thank You

Please submit completed application to Planning Services.