

APPLICATION FOR A ZONING BY-LAW AMENDMENT

Under Section 34 of the Planning Act, R.S.O. 1990

<u>NOTE</u>: This application consists of Part A and Part B. the undersigned applies to the Township of South Glengarry to amend its zoning By-law. To avoid delays, the information supplied on both parts <u>must be complete and accurate. Please print.</u>

A sketch map and a legal description are required. Incomplete applications will be returned. All applications must be signed.

PART	A Amendment to Zoning By-law
1.	Names:
	Registered Owner
	Address
	Postal Code
	Telephone: Home Business
	Agent
	Address
	Postal Code
	Telephone: Home Business (if applicable)
2.	All correspondence should be sent to (please mark one only)
	Owner () Agent ()
3.	Who can be contacted during the day for additional information Owner () Agent
4.	Please provide the name and address of any mortgages, holders of charges or encumbrances of the subject lands:

()

other

5.	Location of Property:
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	Municipality	Lot(s)	Conc(s)			
	Registered Plan Number Lot(s)					
	Reference Plan Number Part(s	s)	_ Parcel #			
	If known, please include the date the subj			ner:		
6.	Are there any easements or restrictive covena	nts affecting the	e property? Yes()No()			
	If yes, please describe the easement or coven	ant:				
	Does the Amendment Affect: Entire Property () Portion c	f Property()			
7.	Description of Land:					
	Frontage Depth	Aı	ea			
8.	Type of Application:					
	Zoning By-Law Amendment ()	Holding F	Provisions ()			
	Interim Control By-law ()	Tempora	ry Use By-law()			
9. a.	. Present zoning on the property:					
b.	. Why is the Zoning By-law Amendment needed	Why is the Zoning By-law Amendment needed? (Specify sections of the Zoning By-law being				
	contravened). Attach pages if additional space is required.					
C.	. Has the property, or any portion, been the su	ubject of a prev	vious Zoning By-law Amendm	 nent		
	application? Yes () No ()					
	If yes, quote the file number and the application status, and date of application.					
	File Number: Dat					
	Application Status:					
d.	Has the subject land ever been the subject of a Minister's Zoning Order?					
	Yes () No ()					
e.	. What is the Official Plan designation of the pro	operty?				

f. Does the requested amendment conform to the Official Plan? Yes () No ()
 If yes, explain how this application conforms to the Official Plan policies. Attach pages if additional space is required. (Please list specific sections)

g. Does the requested amendment conform to the Provincial Policy Statement 2020?
Yes () No ()
If yes, explain how this application conforms to the Provincial Policy Statement 2020. Attach pages if additional space is required. (Please list specific sections)

h. Will this application result in the removal of land from an area of employment?

Yes () No ()

If yes, list the details of the Official Plan or Official Plan Amendment that deals with this matter. Attach pages if additional space is required.

10. a. Present use of property:

Residential () Farmland () Industrial () Commerc	cial ()	Institutional ()
Seasonal Residential () Storage () Other (specify)			
Past uses			

(include uses that may result in health, safety, or environmental risks)

If known, please include the length of time that the existing uses of the subject land have continued.

b. List any existing buildings or structures on land:

	Buildings	Setbacks Front/Rear/Side/Side	Building Dimensions	Building Height *Date Built	
	1				
	2				
	3				
	*If known, please	e also include the date	e any existing buildings	or structures were built.	
11. a.	Proposed use of pro	operty:			
	Residential () Farmland () Industrial () Commercial () Institutional () Seasonal Residential () Storage () Other (specify)				
b.	List proposed buildir	ngs or structures:			
	Buildings	Setbacks Front/Rear/Side/Side	Building Dimensions	Building Height	
	1				
12.	Number of Parking S	Spaces: #Existing	#Pro	posed	
See part 4. Of the Zoning By-Law for required parking space sizes.					
13.	Land use of neighbou	uring properties: Land		Buildings/Structures	
	North			Buildings/Structures	
	West				
14.	Types of Servicing: T	he property will be ser	viced by (check approp	priate spaces)	
a.	Water Supply				
	Publicly owned and	maintained piped wate	er system (
	-		e i.e. lake)		

b. Sewage Disposal

	Publicly owned and maintained sanitary sewage system (
	Septic Tank and Tiled Bed () Other (specify)
	Will this application permit development on privately owned and operated individual or
	communal septic systems, and resulting in more than 4500 litres of effluent being produced per day? Yes () No ()
	If yes, a servicing options report and a hydrogeological report shall be submitted with this
	application.
c.	Will storm drainage be provided by: Sewers () Ditches () Swales () Other ()
d.	Road Access
	Public Road maintained by: Local Road Department () Counties ()
	Private Road () Water access only (identify nearest public access)
	Other

PART B

Please attach a sketch of the subject property demonstrating all dimensions, structures, and significant features. Please use metric units.

- a) The boundaries and dimensions of the subject land.
- b) The location, size, and type of all existing and proposed buildings and structures on the subject land, indicating the distance of the buildings or structures from the front yard lot line, rear yard lot line, and the side yard lot lines.
- c) The approximate location of all natural and artificial features on the subject land and on land that is adjacent to the subject land that, in the opinion of the application, may affect the application. Examples of features include buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded area, wells and septic tanks.
- d) The current uses on land that is adjacent to the subject land neighbouring land uses.
- e) The location, width, and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public travelled road, a private road or a right-of-way.
- f) If access to the subject land is by water only, the location of the parking and docking facilities to be used.
- g) The location and nature of any easement affecting the subject land.

THIS SECTION MUST BE COMPLETED IN THE PRESENSE OF THE "COMMISSIONER". THE MUNICIPALITY HAS COMMISSIONERS AVAILABLE.

I,	of the	of		_,
in the County of	, her	eby solemnly declare	e that the information	
contained in this application are	on the attached plan	and any associated	information submitted with	
this application are, to the best of	of my belief and know	vledge, a true and co	mplete representation of the	
purpose and intent of this applic	ation.			

Date: _____

Signature of Owner

DECLARED BEFORE ME AT THE

_____OF _____OF _____OF _____OF _____OF _____OF ______OF _____, THIS ______, 20____.

A COMMISSIONER, ETC.

FREEDOM OF INFORMATION/ACCESS TO PROPERTY CONSENT OF OWNER

I, _______, being the registered owner of the lands subject of this application for the zoning amendment, and for the purposes of the Freedom of Information and Protection of Privacy Act, hereby authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Planning Act for the purposes of processing this application. I also authorize and consent to representatives of the Municipality of South Glengarry, and the persons and public bodies conferred with under section 34 (15) of the Planning Act, entering upon the lands subject of this application for the purpose of conducting any site inspections as may be necessary to assist in the evaluation of this application.

Date

Owner's Signature

Signature of Agent or Applicant

APPLICANT/AGENT AUTHORIZATION FORM

The Corporation of the Municipality of South Glengarry In the Matter of Application for Zoning By-Law Amendment Authorization under Ontario Regulation 406/83 {Subsection 2(3)}

I,	being the () registered owners(s), () executor/executrix	۲, ()		
signing corporate officer(s) of the la	nds for which this application is to be made, hereby authorize a	and		
direct	to act as my agent and on my behalf to apply to the			
Corporation of the Municipality of S	outh Glengarry for a zoning by-law amendment on the lands he	erein		
described.				
Former Municipality				
Lot(s)	Concession			
Lot(s)	Registered Plan			
Part(s)	Reference Plan			
Street Address				
Date	Date			
Signature of Owner	Signature of Owner			
Received by:	Date:			
Application for Zoning Amendment File Number:				