



# Official Plan Amendment Application Form

Corporation of the Municipality of Meaford

Clerk

21 Trowbridge Street West

Meaford, ON N4L 1A1

Phone: 519-538-1060 Fax: 519-538-1556 Email: [clerk@meaford.ca](mailto:clerk@meaford.ca)

This application is made to the Council of the Municipality of Meaford under Section 22 of the Planning Act, R.S.O. 1990.

Once signed and commissioned, this application shall be filed with the Clerk of the Municipality of Meaford, and accompanied by the fee made payable to the Corporation of the Municipality of Meaford. Notwithstanding the details contained in this Amendment Application, Council may modify any aspect of the proposed amendment, as deemed appropriate, prior to final approval.

**Date Accepted:** \_\_\_\_\_ **Accepted By:** \_\_\_\_\_ **File #:** \_\_\_\_\_ **Roll #:** \_\_\_\_\_

## Type of Application:

- |  |                  |
|--|------------------|
| <input type="checkbox"/> <b>Major Amendment Application Fee</b>                        | <b>\$8000.00</b> |
| (Payable to the Municipality)  |                  |
| <input type="checkbox"/> <b>Minor Amendment Application Fee</b>                        | <b>\$3750.00</b> |
| (Payable to the Municipality)  |                  |
| <input type="checkbox"/> <b>Grey Sauble Conservation Authority Fee</b>                 | <b>\$280.00</b>  |
| (Required for <b>all</b> applications - Payable to Grey Sauble Conservation Authority) |                  |

## Applicant Information:

1. Registered Owner(s): \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

2. Applicant(s)/Agent(s) (if different then owner): \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

Applicant's relationship to subject lands: \_\_\_\_\_

Communications should be sent to:  **Owner(s)**  **Applicant(s)**  **Agent(s)**

Signs for posting on the lands should be sent to:  **Owner(s)**  **Applicant(s)**  **Agent(s)**

## Subject Lands:

1. Municipal Address: \_\_\_\_\_

Former Township/Town:  St. Vincent  Sydenham  Meaford

Concession: \_\_\_\_\_ Lot: \_\_\_\_\_ Registered Plan: \_\_\_\_\_

Part(s): \_\_\_\_\_ of Lot(s) \_\_\_\_\_ Reference Plan: \_\_\_\_\_

Date Lands were acquired by current owner(s): \_\_\_\_\_

2. Description:

	Area (hectares)	Frontage (meters)	Depth (meters)
<b>Entire Property</b>			
<b>Lands Affected (if only a portion)</b>			

3. Current Official Plan Designation of the Lands and the uses authorized within the designation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Current Zoning By-law Designation of the Lands: \_\_\_\_\_

5. Please indicate any environmental constraints apply to the subject lands:

Wetlands  Specialty Crop Lands  Floodplains  ANSI's

Heritage Resources  Streams, Ravines and Lakes  Solid Waste Management

Springs or Sinkholes  Niagara Escarpment Plan  Water Resources

Aggregate Resources  Thin Overburden (Karst)  Sewage Treatment Plant

Fisheries, Wildlife & Environment  Wooded Areas and Forest Management

6. Indicate the Type of Road Access:

### Access Type

- Provincial Highway Access
- County Road
- Open and Maintained Municipal Road Allowance
- Non-maintained/Seasonally Maintained Municipal Road Allowance
- Private Right-of-Way
- Water Access **(Not recognized by the Municipality of Meaford)**

7. If access to the subject land is by water only, what are the parking and docking facilities at the site and what is the approximate distance of these facilities from the subject land to the nearest public road? **(Not recognized by the Municipality of Meaford).**
8. Indicate the applicable servicing at the subject property:

<b>Types of Servicing</b>	<b>Existing</b>	<b>Proposed</b>
<b>Water Servicing</b> (Municipal, Communal, Private Well)		
<b>Sewer Servicing</b> (Municipal, Communal, Private System)		
<b>Storm Servicing</b> (Storm Sewer, Ditches, Swales)		

Does this application permit development on privately owned and operated individual or communal septic systems, and if so, would more than 4500 litres of effluent a day be produced as a result of the development being completed?

Yes       No       N/A

If yes, you **MUST** provide a Servicing Options Report and a Hydrogeological Report.

9. Existing use of the lands and how long the use has continued (Agricultural, Residential, Commercial, Industrial, Vacant, Other): \_\_\_\_\_

10. Present use of abutting properties:

North \_\_\_\_\_ South \_\_\_\_\_

East \_\_\_\_\_ West \_\_\_\_\_

11. Does the Owner have any interest in the abutting lands? If yes, describe the interest.

Yes       No

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12. Is there an approved Site Plan and/or a Site Plan Control Agreement in effect on any portion of this subject lands?

Yes       No

If yes, has an amendment to the Site Plan and/or agreement been applied for?

Yes       No

13. Are there any easements, right-of-ways, restrictions, covenants, or other agreements applicable to the subject lands? (If yes, describe what they are, indicate on a drawing if applicable and include a Site Plan and/or Agreement if applicable):

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14. Has the owner or applicant made an application for any of the following, either on or within 120 meters of the subject lands?

- Official Plan       Plan of Subdivision       Zoning By-law Amendment  
 Consent       Minor Variance       Development Control Permit (NEC)  
 Site Plan Control

**If yes**, please describe briefly (i.e. Date of application, file number, nature of application, effect on this application, etc.):

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**15. Related Farm Operations**

a. What type of farming has been conducted on the subject property?

- Beef     Dairy     Swine     Poultry     Sheep     Cash Crop  
 Other: \_\_\_\_\_

Describe in detail the size, age and feed type used for the type of farming that is conducted:

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b. How long have you owned the farm? \_\_\_\_\_

c. Are you actively farming the land (or do you have the land farmed under your supervision)?

Yes – For how long? \_\_\_\_\_  No – When and Why did you stop? \_\_\_\_\_

d. Area of total farm holding: \_\_\_\_\_ Number of tillable acres: \_\_\_\_\_

e. Do you own any other farm properties?       Yes       No

**If yes**, Lot: \_\_\_\_\_ Concession: \_\_\_\_\_ Former Township: \_\_\_\_\_ Acres: \_\_\_\_\_

f. Do you rent any other land for farming purposes?  Yes  No

**If yes**, Lot: \_\_\_\_\_ Concession: \_\_\_\_\_ Former Township: \_\_\_\_\_ Acres: \_\_\_\_\_

g. Is there a barn on the subject property?       Yes       No

**If yes**, which part of the property does the barn fall on?

- Proposed Severed     Proposed Retained

Condition of barn: \_\_\_\_\_ Present use of barn: \_\_\_\_\_

Size of barn: \_\_\_\_\_ Capacity of barn (livestock): \_\_\_\_\_

h. Indicate and describe the manure storage facilities on the subject lands:

- Storage already exists \_\_\_\_\_
- Liquid \_\_\_\_\_
- Solid \_\_\_\_\_
- No storage required (manure/material is stored for less than 14 days)

i. Are there any barns on other properties within 1000 meters (3,280 ft) of the proposed lot?       Yes       No

**If yes, these barns and distances to the subject property must be shown on the sketch. And the following questions must be answered for each property containing a barn regardless of current use. You may use additional pages if necessary.**

j. What type of farming has been conducted on this other property? \_\_\_\_\_  
\_\_\_\_\_

k. Number of tillable acres on this other property? \_\_\_\_\_

Size of barn on this other property? \_\_\_\_\_ Capacity of barn (livestock): \_\_\_\_\_

l. Type of manure storage on this other property? \_\_\_\_\_

**Additional information may be required for Minimum Distance Separation (MDS) calculations – please discuss with Planning Staff prior to submitting your application.**

**Proposal Details:**

16. Describe the nature and extent of the relief applied for and the proposed use of the subject lands: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Describe the reason for the proposed amendment(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Describe the timing for the proposed development, including phasing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Provide the following details for all the building, both existing and proposed (Use separate page if necessary).

<b>Building Type:</b>	<b>Existing</b>	<b>Proposed</b>	<b>Existing</b>	<b>Proposed</b>
<b>Date of Construction</b>				
<b>Ground Floor Area (m<sup>2</sup>)</b>				
<b>Gross Floor Area (m<sup>2</sup>)</b>				
<b>Number of Stories</b>				
<b>Width (m)</b>				
<b>Length (m)</b>				
<b>Height (m)</b>				
<b>Use</b>				
<b>Setback from front lot line (m)</b>				
<b>Setback from rear lot line (m)</b>				
<b>Setback from side lot line (m)</b>				

20. Does the proposed amendment change, replace or delete a policy in the Official Plan? If yes, please indicate the policy that will be changed, replaced or deleted and the text for that requested amendment:

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21. Does the proposed amendment add a policy to the Official Plan? If yes, please indicate the policy that will be added.

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22. Does the proposed amendment change or replace a designation in the Official Plan. If Yes please indicate the existing and proposed designations:

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23. Please indicate the land uses that the proposed amendment would permit:

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24. **If the requested amendment changes or replaced a schedule in the Official Plan, please provide a copy of the schedule.**

25. Does the proposed amendment alter all or any part of the boundary of an area of settlement in the Municipality or establish a new area of settlement?

Yes       No

If yes, please explain: \_\_\_\_\_

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26. Does the requested amendment remove the subject land from an area of employment?

Yes       No

If yes, please explain: \_\_\_\_\_

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27. What is the planning rationale for requesting an Official Plan amendment? **Please attach a cover letter and planning report for all Official Plan Amendments.**

28. If the proposed use is Residential, indicate the proximity of the subject property to Community Facilities (parks, schools, etc) within 500 m.

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29. Supplementary and support material to accompany application (please provide 10 copies of additional materials outlined in item 'c' below):

- a. A draft Official Plan Amendment
- b. A list of all associated planning applications being submitted for review along with the submission (minor variances, special permission, site plan control, consent. Subdivision, condominium, parking exemption, etc).
- c. Such further and other material as any official representing the Municipality of Meaford may request to enable the consideration of the application such as but not limited to:
  - i. Environmental Impact Study
  - ii. Commercial Marketing Analysis
  - iii. Functional Servicing Report
  - iv. Transportation/traffic Review
  - v. Noise Assessment
  - vi. Archaeological Report
  - vii. Property Survey
  - viii. Conceptual Development Plans

30. Names and addresses of all mortgages, holders or charges or other encumbrances with respect to the subject lands: \_\_\_\_\_

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31. Is this application consistent with the policy statements issued under subsection 3(1) of the Planning Act?  Yes  No

32. Is the subject land within an area of land designated under any provincial plan or plans?  Yes  No

**If yes**, does the application conform to, or does not conflict with the applicable provincial plan or plans? :

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**AFFIDAVIT – SOLEMN DECLARATION (Affidavits MUST be signed in the presence of a Commissioner of Oaths):**

I/We \_\_\_\_\_ and \_\_\_\_\_  
*Name of Owner(s)* *Name of Owner(s)*

Of the **City/Town/Municipality** of \_\_\_\_\_ in the **County/Region** of \_\_\_\_\_

Solemnly declare that all statements contained in this application and all the information provided is 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**.

I have been advised that incomplete and/or inaccurate information will delay the procession of my application and may results in additional costs to me.

**DECLARED before me at the**

**City/Town/Municipality** of \_\_\_\_\_ in the **County/Region** of \_\_\_\_\_

**This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
*Signature of Owner(s) or Agent(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Owner(s) or Agent(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Commissioner*

\_\_\_\_\_  
*Date*

## **Applicant's Consent (Freedom of Information), Authorization For Access & Signage Agreement:**

In accordance with the provision of the Planning Act, it is the policy of the Municipality to provide public access to all development applications and supporting documentation. In submitting this development application and supporting documentation,

I/We \_\_\_\_\_ and \_\_\_\_\_  
*Name of Owner(s)* *Name of Owner(s)*

Of the **City/Town/Municipality** of \_\_\_\_\_ in the **County/Region** of \_\_\_\_\_

Hereby acknowledge the above-noted and 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 municipality and other review agencies will be part of the public record and will also be available to the general public. **AND;**

Hereby confirm that the required notice signs will be posted on the lands as instructed and further indemnify the Municipality from any damages resulting from the improper postings of this sign. **AND;**

Hereby permit Municipal Staff and its representatives to enter upon the premises for the purpose of performing inspections of the subject property.

\_\_\_\_\_  
*Signature of Owner(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Owner(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*

**OWNER(S) AUTHORIZATION OF AGENT**

**(Only required if the applicant or agent is not the registered owner):**

I/We \_\_\_\_\_ and \_\_\_\_\_  
*Name of Owner(s)* *Name of Owner(s)*

Of the **City/Town/Municipality** of \_\_\_\_\_ in the **County/Region** of \_\_\_\_\_

Registered owner of \_\_\_\_\_  
*Property Description*

Do hereby authorize \_\_\_\_\_  
*Name(s) of Authorized Agent(s)*

To act as my (our) agent for the purposes of this application.

\_\_\_\_\_  
*Signature of Owner(s)* *Date*

\_\_\_\_\_  
*Signature of Owner(s)* *Date*

\_\_\_\_\_  
*Signature of Witness* *Date*

**AFFIDAVIT - COSTS OF APPLICATION**

**(Affidavits MUST be signed in the presence of a Commissioner of Oaths):**

I/We \_\_\_\_\_ and \_\_\_\_\_  
*Name of Owner(s)* *Name of Owner(s)*

Of the **City/Town/Municipality** of \_\_\_\_\_ in the **County/Region** of \_\_\_\_\_

Hereby acknowledge receiving and reviewing the fee and tariffs related to planning matters. I further understand and agree to be bound by the tariff and specifically agree that I shall pay full cost recovery for any planning matters listed in the fee tariff.

I understand and agree that the Fee and any associated Deposit submitted with this application covers only the anticipated processing cost (i.e. review by the Municipality, on Public Meeting and documents if approved). It is further understood and agreed that any additional costs or requirements, incurred and charged by the Municipality (i.e. Planning, Legal or Engineering Fees, O.M.B. hearing costs, Agreements, Special Studies, other Approvals or Applications and any other related matters), will be my/our responsibility to pay and/or reimburse the Municipality for same. Failure to pay all associated costs may result in refusal of this application and if not paid forthwith after being invoiced, I agree that such costs shall be added to my municipal tax bill and collected by the Municipality in the same manner such as municipal taxes, or by any other means legally available to the Municipality.

**DECLARED before me at the**

**City/Town/Municipality** of \_\_\_\_\_ in the **County/Region** of \_\_\_\_\_

**This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
*Signature of Owner(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Owner(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Commissioner*

\_\_\_\_\_  
*Date*