

## **Instructions**

Specific information requested within this application is mandatory to provide, as it is prescribed by Schedule 1 to Ontario Regulation 545/06 made under the *Planning Act*. This information must be provided with the appropriate fee and the site sketch of the location subject to this Rezoning Application. If the mandatory information, together with the site sketch and fee, is not provided, the Township may refuse to accept or further consider the application.

This application form also sets out other information that may be needed as permitted under the Official Plan for The Township of Ear Falls. To ensure the quickest and most complete review, this other information must be submitted with the complete application. Answers should be provided with a detailed explanation or yes/no format. Answers stated as 'not applicable (n/a)' will not be accepted. In the absence of this other information, it may not be possible to do a complete review which may result in delay and possible refusal of the application.

## **Early Consultation**

Prior to formally submitting an application, the applicant and/or agent are encouraged to contact staff of the Municipal Office to discuss the development proposal. Early consultation is beneficial, as the applicant can review the proposal with Township staff and discuss what supporting documents and information may be required.

## **Submission of the Application**

The Township requires:

- ✓ The original signed, and witnessed copy of the application. Note: the Clerk Treasurer Administrator is a Commissioner of Oaths.
- ✓ Measurements in metric units (i.e. centimetres, metres, kilometres; 1 foot = 0.308 metres).
- ✓ The application to be completed in blue or black ink only.
- ✓ A copy of the Parcel Identification Number Abstract from the Kenora Land Titles office or Terranet dated not older than 6 months and proof of land ownership (i.e. Tax Bill or copy of MPAC Assessment Notice).
- ✓ Colour photos of the subject location from the ground (not aerial), if available.
- ✓ The application fee.

If you are unfamiliar with making *Planning Act* applications or have difficulty with the application process you are encouraged to retain a planning consultant. Generally, for completion of the application and in preparation of a good site sketch, you may consult the Township of Ear Falls.

Contact information for the Township of Ear Falls is below:

Kimberly Ballance, Clerk Treasurer Administrator  
The Township of Ear Falls  
P.O. Box 309  
2 Willow Crescent  
Ear Falls, ON  
P0V 1T0  
Phone: (807) 222-3624 ext. 27  
Fax: (807) 222-2384  
Email: [kballance@ear-falls.com](mailto:kballance@ear-falls.com)



FILE NUMBER

# THE TOWNSHIP OF EAR FALLS APPLICATION FOR A ZONING BY-LAW AMENDMENT

Planning Act, R.S.O. 1990, c. P13, s. 34(10.1); 1996, O. Reg. 545/06, Schedule

APPLICATION FEE ENCLOSED – \$2,225.00       COMBINED OFFICIAL PLAN / ZONING BY-LAW APPLICATION FEE ENCLOSED – \$4,325.00

THE INFORMATION IN THIS APPLICATION AND ALL OTHER INFORMATION, STUDIES, REPORTS AND COMMENTS RECEIVED RELATIVE TO THE PROCESSING OF THIS APPLICATION IS COLLECTED FOR THE PURPOSE OF CREATING A RECORD THAT IS AVAILABLE TO THE GENERAL PUBLIC. THIS APPLICATION, INCLUDING INFORMATION ABOUT YOUR PROPOSAL, WILL BECOME PART OF THE PUBLIC AGENDA OF COUNCIL AND COMMITTEES. NOTICE OF THE APPLICATION MAY ALSO BE PLACED INTO THE NEWSPAPER.

<b>NAME OF OWNER</b>		<b>NAME OF AGENT, SOLICITOR OR PLANNING CONSULTANT (IF APPLICABLE)</b>	
<b>ADDRESS</b>	<b>POSTAL BOX</b>	<b>STREET ADDRESS</b>	<b>POSTAL BOX</b>
<b>POSTAL/ ZIP CODE</b>	<b>PROV./ STATE</b>	<b>POSTAL/ ZIP CODE</b>	<b>PROV./ STATE</b>
<b>TELEPHONE</b>		<b>TELEPHONE</b>	
<b>EMAIL</b>		<b>EMAIL</b>	

**DOES ANY OTHER PARTY HAVE INTEREST IN THE PROPERTY, SUCH AS CHARGE, MORTGAGE, OR EASEMENT?**

**PLEASE PROVIDE THE NAMES AND ADDRESSES FOR THESE PARTIES**

### PROPERTY INFORMATION

**LEGAL DESCRIPTION OF THE SUBJECT LAND, SUCH AS MINING PLAN DESCRIPTION, REGISTERED PLAN AND LOT OR PART NUMBERS**

Street address

**DIMENSIONS OF SUBJECT LAND**

Frontage (metres):

Depth (metres):

Area (hectares):

**LAND USE DESIGNATION WITHIN THE OFFICIAL PLAN? HAS A SITE SPECIFIC DESIGNATION BEEN APPLIED? IF SO, WHAT LAND USES ARE PERMITTED?**

**EXPLANATION OF HOW THIS PROPOSAL CONFORMS TO THE OFFICIAL PLAN**

**ZONING WITHIN THE ZONING BY-LAW? HAS A SITE SPECIFIC ZONING BEEN APPLIED? IF SO, WHAT LAND USES ARE PERMITTED?**

<b>DATE SUBJECT LAND WAS ACQUIRED ON:</b>
<b>ARE THE MINERAL RIGHTS CROWN OR PATENTED?</b>
<b>ARE THERE ANY RESERVATIONS ON THE PATENT OR TITLE OF THE SUBJECT LOCATION?</b>
<b>IF FRONTED BY WATER, IS THE SHORELINE RESERVE PATENTED OR CROWN LAND? IF CROWN, HOW WIDE IS THE RESERVATION?</b>

**PROPOSAL INFORMATION:**

<b>NATURE AND EXTENT OF REZONING REQUESTED</b>	<b>REASON WHY REZONING IS REQUESTED</b>

**EXISTING BUILDINGS AND STRUCTURES** – Provide the following information for all buildings and structures. Attach a separate page if necessary.

TYPE - .....	Front lot line setback: .....	Height in metres .....
DATE CONSTRUCTED .....	Rear lot line setback: .....	Dimensions: .....
	Side lot line setback: .....	Floor Area: .....
	Side lot line setback: .....	
TYPE - .....	Front lot line setback: .....	Height in metres .....
DATE CONSTRUCTED .....	Rear lot line setback: .....	Dimensions: .....
	Side lot line setback: .....	Floor Area: .....
	Side lot line setback : .....	

**PROPOSED BUILDINGS AND STRUCTURES** – Provide the following information for all buildings and structures. Attach a separate page if necessary.

TYPE - .....	Front lot line setback: .....	Height in metres .....
	Rear lot line setback: .....	Dimensions: .....
	Side lot line setback: .....	Floor Area: .....
	Side lot line setback: .....	
TYPE - .....	Front lot line setback: .....	Height in metres .....
	Rear lot line setback: .....	Dimensions: .....
	Side lot line setback: .....	Floor Area: .....
	Side lot line setback : .....	

**ACCESS** – Access to the subject land will be by:

- |   |   |
|---|---|
| <input type="checkbox"/> Provincial Highway                   | <input type="checkbox"/> Seasonally maintained Municipal road |
| <input type="checkbox"/> Year round maintained Municipal road | <input type="checkbox"/> Right-of-way                         |
| <input type="checkbox"/> Private road                         | <input type="checkbox"/> Water                                |

**WATER ACCESS** – Where access to the subject land is by water only:

Docking facilities (specify).....	Parking facilities (specify).....
distance from subject land .....	distance from subject land .....
distance from nearest public road .....	distance from nearest public road .....

<b>EXISTING USES</b> of subject land:	<b>LENGTH OF TIME</b> the existing uses of the subject land have continued:

**PROPOSED USES** of the subject land:

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**POTABLE WATER** is provided to the subject land by:

- |   |  |
|---|--|
| <input type="checkbox"/> Publicly-owned / operated piped water system | <input type="checkbox"/> Lake or other water body    |
| <input type="checkbox"/> Privately-owned / operated individual well   | <input type="checkbox"/> Other means (specify) ..... |
| <input type="checkbox"/> Privately-owned / operated communal well     |  |

**SEWAGE DISPOSAL** is or will be provided to the subject land by:

- |  |  |
|--|--|
| <input type="checkbox"/> Publicly-owned / operated sewage system             | <input type="checkbox"/> Privy                       |
| <input type="checkbox"/> Privately-owned / operated individual septic system | <input type="checkbox"/> Other means (specify) ..... |
| <input type="checkbox"/> Privately-owned / operated communal septic system   |  |

\*Properties to be serviced by private sewage systems will require a preliminary soils inspection. It is the responsibility of the applicant to arrange an inspection with the Northwestern Health Unit.

\*If the requested amendment would permit development on privately owned and operated individual or communal sewage system, and more than 4,500 litres of effluent would be produced per day as a result of the proposed development, a servicing options report and a hydrogeological report must be provided.

**STORM DRAINAGE** is provided to the subject land by:

- Sewers       Ditches       Swales       Other means (specify) .....

**WASTE DISPOSAL** – What is the expected type and volume of waste to be produced on the subject land? How will this waste be managed?

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**Would the proposed amendment remove the subject land from an area of employment?**

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**OTHER APPLICATIONS** – If known, indicate if the subject land is or will be the subject of an Application under the Act for:

Approval of a plan of subdivision (under Section 51) File ..... Status .....

If Yes please describe in detail: \_\_\_\_\_

Consent (under Section 53) File ..... Status .....

If Yes please describe in detail: \_\_\_\_\_

Zoning By-Law Amendment (under Section 34) File ..... Status .....

Are you aware of any Planning Act Applications currently being proposed for any properties within 120 metres of the subject property?

\_\_\_\_\_

**CHECK AS APPLICABLE:**

**Does the Owner own any adjoining property?**  Yes  No

If Yes please describe in detail: \_\_\_\_\_

**Is there any reason to believe that the site may be environmentally contaminated?**  Yes  No

If Yes please describe in detail: \_\_\_\_\_

**Has an industrial or commercial use been on or adjacent to the property?**  Yes  No

If Yes please describe in detail: \_\_\_\_\_

**Has lot grading been changed by adding or removing earth or other material?**  Yes  No

**Has the Ministry of the Environment or any other ministry advised the owners that the property is, or may be contaminated?**  Yes  No

If Yes please describe in detail: \_\_\_\_\_

**Are there any known Natural Heritage values existing on the site?**  Yes  No

**HOUSING AFFORDABILITY**

For applications that include permanent housing, complete *Table A- Housing Affordability*. For each type of housing and unit size, complete the rest of the row. If lots are to be sold as vacant lots, indicate the lot frontage. Information should be based on the best information available at the time of the application. If additional space is needed, attach a separate page.

**Table A – Housing Affordability**

Housing Type	Number of Units	Unit Size and/or Lot Frontage	Estimated Selling Price / Rent
Semi-detached			
Link / Semi-detached			
Row or Townhouse			
Mobile home / trailer			
Apartment block			
Other types or multiples			

**How in your view will the proposal fit with the existing land uses in the area?**

\_\_\_\_\_

\_\_\_\_\_

**Is the proposed amendment consistent with the Provincial Policy Statement issued under subsection 3(1) of the Planning Act?**  
(The 2005 Provincial Policy Statement can be found on the website of the Ministry of Municipal Affairs and Housing at [www.mah.gov.on.ca/Page215.aspx](http://www.mah.gov.on.ca/Page215.aspx))

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**Land within the Township of Ear Falls is designated under a Provincial Plan being the Northern Growth Plan that took effect in March 2011. Does this application conform or not conflict with the Plan?**

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**Is there any other information that you think may be useful to the Township in reviewing this application for an amendment? If so, explain below or attach a separate page with this information.**

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**SITE PLAN SKETCH:**

**Minimum requirements will be a sketch, on letter paper, showing the following:**

- North arrow, scale and legend.
- The boundaries of the owner's property and dimensions.
- The boundaries of the property subject to the application including area and dimensions if different from above
- The location, dimensions (height, length, and width) and type of all **existing** and **proposed** buildings and structures on the subject land, indicating the distance of the buildings or structures from other buildings and the front yard line, rear yard line and the side yard lot lines.
- The location or proposed location of any sewage disposal systems, including pit privies, grey water, or septic systems.
- 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 applicant, may affect the application. Examples include buildings, transmission lines, roads, watercourses, slopes, drainage ditches, river or stream banks, wetlands, wooded areas, wells and sewage systems.
- The existing uses of lands on adjacent properties (i.e. residential, automotive repair, retail).
- The proposed development, including the area and dimensions of any new lots to be created, the size and location of buildings, parking spaces, landscaping, amenity areas, etc.
- As applicable - fire access route, outdoor equipment and storage, walkway, curbing, fencing.
- Existing municipal infrastructure immediately adjacent to the site (roads, lane, sidewalks, existing entrances, boulevard trees, fire hydrants, hydro poles, easements, etc.).
- The location, width and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public traveled road, a private road or a right-of-way.
- If access to the subject land is by water only, the location of the parking and docking facilities to be used.
- The location and nature of any easements affecting the subject land.

**AUTHORIZATION OF THE OWNER FOR AN AGENT TO MAKE APPLICATION**

I/We the undersigned, being the owner of the subject land, hereby authorize ..... to be the applicant in the submission of this application. This application has been submitted with my/our full knowledge and endorsement.

\_\_\_\_\_  
Signature of 1<sup>st</sup> Owner or Signing Officer

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

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Owner or Signing Officer

\_\_\_\_\_  
Date

**AFFIDAVIT OR SWORN DECLARATION FOR THE PRESCRIBED INFORMATION**

I/We, \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_  
(Municipality/ City)  
\_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_  
(Province)

solemnly declare that the statements and any maps or plans submitted with this application are 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 and provided by me are true and I make this solemn of the Canada Evidence Act.

Sworn (or declared) before me at the \_\_\_\_\_ of \_\_\_\_\_

in the \_\_\_\_\_ of \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Commissioner for Taking Affidavits

Affix commissioner stamp here:

\_\_\_\_\_  
1<sup>st</sup> Owner / Signing Officer/ Authorized Agent

\_\_\_\_\_  
2<sup>nd</sup> Owner/ Signing officer/ Authorized Agent

*This section for Ear Falls Municipal Office use only:*

*Date complete application received:* \_\_\_\_\_