



THE CORPORATION OF THE TOWN OF WASAGA BEACH

PLANNING DEPARTMENT

**PLAN OF SUBDIVISION/PLAN OF CONDOMINIUM
APPLICATION FOR APPROVAL**

| OFFICE USE ONLY | |
|--|--------------|
| DATE RECEIVED: | FILE NO.: |
| DATE APPLICATION DEEMED COMPLETE: | |
| FEES | |
| Plan of Subdivision | |
| Major | \$14,000.00* |
| Minor | \$ 8,000.00* |
| Plan of Condominium | \$ 8,000.00* |
| Revision of Draft Plan after Draft Plan Approval | \$ 3,000.00 |
| Revisions to Conditions of Draft Plan Approval | \$ 1,500.00 |
| Extension to Draft Plan Approval | \$ 4,000.00 |
| Registration of each phase of Draft Plan Approval beyond 1 st Phase | \$ 2,000.00 |
| Legal fees | \$ 750.00 |
| *plus prescribed fees plus Engineering Review Fee | |

Pursuant to Section 51 of The Planning Act, R.S.O. 1990, c.P.13 and amendments thereto, I/We submit an application to the Town of Wasaga Beach for a Plan of Subdivision/Plan of Condominium.

| | |
|---|--|
| <input type="checkbox"/> Plan of Subdivision | <input type="checkbox"/> Plan of Condominium |
| <input type="checkbox"/> Revision to Draft Plan Approval | <input type="checkbox"/> Vacant Land |
| <input type="checkbox"/> Revision to Conditions of Draft Approval | <input type="checkbox"/> Common Element |
| <input type="checkbox"/> Extension of Draft Plan Approval | <input type="checkbox"/> Phased |
| <input type="checkbox"/> Registration of Phase of Draft Plan Approval | <input type="checkbox"/> Exemption to Draft Plan |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

1. CONTACT INFORMATION

Applicant Information

| | | | |
|--------------------|--|----------|--|
| Name of applicant: | | | |
| Mailing Address: | | | |
| Telephone No: | | Cell No: | |
| E-Mail: | | Fax No: | |

Owner Information (if different from Applicant)

| | | | |
|------------------|--|----------|--|
| Name of Owner: | | | |
| Mailing Address: | | | |
| Telephone No: | | Cell No: | |
| E-Mail: | | Fax No: | |

Agent Information (if applicable)

| | | | |
|------------------|--|----------|--|
| Name of Agent: | | | |
| Mailing Address: | | | |
| Telephone No: | | Cell No: | |
| E-Mail: | | Fax No: | |

Communications should be sent to Applicant Owner Agent

Name of Mortgagee, charges or encumbrances, in respect to subject lands (if applicable)

| | | | |
|------------------|--|----------|--|
| Name: | | | |
| Mailing Address: | | | |
| Telephone No: | | Cell No: | |
| E-Mail: | | Fax No: | |

2. LOCATION AND DESCRIPTION OF THE SUBJECT LANDS**Location of Subject Property (complete applicable lines)**

| | | | |
|------------------|--|-------------|--|
| Street & Number: | | | |
| Tax Roll #: | | | |
| Lot No.: | | Concession: | |
| Part No.: | | Plan No.: | |

Easements or Restrictive Covenants

| |
|---|
| Are there any easements or restrictive covenants affecting the subject lands? |
| If yes, Describe the easement or covenant and its effect: |
| |

Dimensions of Subject Property (in metric units)

| | | |
|---------------|--|---------------|
| Frontage | | metres |
| Average Width | | metres |
| Depth | | metres |
| Area | | square metres |

3. EXISTING LAND USES & ZONING**Existing Use and Zoning**

| | |
|---|-------|
| Describe the existing uses on the subject land: | |
| | |
| | |
| The length of time that the existing uses on the subject land have continued: | |
| | |
| Current Land Use Designation in Official Plan: | |
| | |
| Current Zoning: | |
| Current Land Use Designation of abutting lands: | |
| North | South |
| East | West |
| Current Zoning of abutting lands: | |
| North | South |
| East | West |

4. PROPOSED LAND USES & ZONING

Proposed Use and Variance

| |
|---|
| Describe the proposed uses on the subject land: |
| |
| |
| Proposed Land Use Designation in Official Plan: |
| |
| |
| Proposed Zoning: |
| |
| |

Please provide information regarding the following:

| Proposed Use | Number of Units | Number of Lots/Blocks | Area of Land in Hectares | Number of Units per Hectare | Number of Parking Spaces |
|-----------------------------|-----------------|-----------------------|--------------------------|-----------------------------|--------------------------|
| Single detached residential | | | | | |
| Semi-detached residential | | | | | |
| Townhouse | | | | | |
| Apartment | | | | | |
| Modular Home | | | | | |
| Seasonal Residential | | | | | |
| Commercial | | | | | |
| Industrial | | | | | |
| Institutional | | | | | |
| Parks/Open space | | | | | |
| Roads | | | | | |
| Other residential | | | | | |
| Other | | | | | |
| TOTALS | | | | | |

| | | |
|--|------------------------------|-----------------------------|
| If any of the above are identified as "other residential", "institutional" or "other", provide a description of the use: | | |
| | | |
| If a condominium proposal: | | |
| Has a Site Plan been approved | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has an Agreement been executed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has a Building Permit been issued | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the building under construction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the building completed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, date of completion | | |
| Is this a conversion from residential rental units | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, the number of units to be converted | | |

Description of proposed parkland

| | | | | | |
|--------------|--|-------|--|------|--|
| Frontage | | Depth | | Area | |
| Proposed use | | | | | |

Proposed phasing

| |
|---|
| Please provide details of the proposed phasing: |
| |

5. ACCESS AND SERVICING INFORMATION

| Type of Access | Existing | Proposed |
|--|----------|----------|
| Provincial highway | | |
| Municipal road, maintained year round | | |
| Municipal road, maintained seasonally other public road | | |
| Other public road | | |
| Please specify: | | |
| | | |
| Right of way | | |
| Please specify: | | |
| Water access | | |
| Please describe the parking and docking facilities and the approximate distances of these facilities from the subject land and the nearest public road | | |
| | | |
| Type of Water Supply | Existing | Proposed |
| Municipally operated piped water system | | |
| Privately owned/operated individual well | | |
| Privately owned/operated communal well | | |
| Lake or water body | | |
| Please specify: | | |
| Other means | | |
| Please specify: | | |
| | | |

| Type of Storm Water Control | Existing | Proposed |
|--|----------|----------|
| Storm drainage sewer | | |
| Ditch | | |
| Swale | | |
| Other means | | |
| Please specify: | | |
| | | |
| Type of Sewage Disposal | Existing | Proposed |
| Municipally operated sanitary sewers | | |
| Privately owned/operated individual septic | | |
| Privately owned/operated communal septic | | |
| Privy | | |
| Other means | | |
| Please specify: | | |
| | | |
| Utilities | Existing | Proposed |
| Hydro | | |
| Natural gas | | |
| Telecommunications | | |

| | | |
|--|---|-----------------------------|
| Is it the intent of this application to permit development on privately owned and operated individual or communal septic systems where more than 4500 litres of effluent would be produced per day as a result of the development being completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, the following is required: | i) A hydrogeological report. | |
| Is it the intent of this application to permit development of fewer than five lots or units on privately owned and operated individual or communal septic systems, and more than 4500 litres of effluent would be produced per day as a result of the development being completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, the following is required: | i) A servicing options report; ii) A hydrogeological report. | |
| Is it the intent of this application to permit development of more than five lots or units on privately owned and operated individual or communal wells? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, the following is required: | i) A servicing options report; ii) A hydrogeological report. | |
| Is it the intent of this application to permit development of more than five lots or units on privately owned and operated individual or communal septic systems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, the following is required: | i) A servicing options report; ii) A hydrogeological report. | |

6. PLANNING HISTORY OF THE SUBJECT LAND

Has the subject land ever been the subject of an application for approval of a Plan of Subdivision under Section 51 of The Planning Act, for consent under Section 53 of The Planning Act for a zoning by-law amendment, Ministers Zoning Order amendment or minor variance?

Yes No Unknown

If yes, please specify the file number and the status of the application.

Has there ever been an industrial or commercial use, including gas station on the subject land or adjacent lands?

Yes No

If yes, please specify:

Is there a reason to believe the subject lands have been contaminated by former uses on the subject land or adjacent lands?

Yes No

If yes, please specify:

Has there ever been waste disposal on the subject land or adjacent lands?

Yes No

If yes, please specify:

Is this application a re-submission of a previous consent for Subdivision or Condominium or some other application?

Yes No

Has any land been severed from the parcel originally acquired by the Owner of the subject land?

Yes No

Is the subject land currently the subject of a proposed Official Plan of Official Plan Amendment that has been submitted to the County of Simcoe for approval?

Yes No

If yes, please specify the County file number and status of the application:

7. PROVINCIAL PLANS

Is the proposed amendment consistent with the policy statements issues under Subsection 3(1) of The Planning Act?

Yes No

Do the lands contain any areas of archaeological potential?

Yes No

Is the subject land within an area of land designated under any provincial plan or plans?

Yes No

Is it the intent of the application to permit development on lands that contain known archaeological resources or areas of archaeological potential?

Yes No

| | |
|------------------------------------|--|
| If yes, the following is required: | i) an archaeological assessment prepared by a person who holds a license that is effective with respect to the subject land, issued under Par VI (Conservation of Resources of Archaeological Value) of the Ontario Heritage Act; and, ii) a conservation plan for any archaeological resources identified in the assessment. |
|------------------------------------|--|

8. OTHER INFORMATION

Is there any other information that you think may be useful to the Municipality or other agencies in reviewing the application? If so, explain in the space provided or attach on a separate page:

Enclosed herewith is the applicable fee and I/We hereby agree to pay further costs and expenses incurred by the Municipality for legal, planning, engineering and/or other costs incidental to this application to the completion of all appeals or Ontario Municipal Board hearings, should they arise.

I/We further agree to pay any or all applicable, development charges with respect to this application, if granted.

Please be advised that the Town will contract out the review of the applications for Plan of Subdivision and/or Condominium to an engineer consulting firm. Cost of review will be charged back to the Applicant throughout the planning process.

The Applicant shall provide any other material or studies requested by an official representing the Corporation of the Town of Wasaga Beach in order for the Municipality to review the application. This could include special topic studies (Examples include but are not limited to, Noise Studies, Environmental Impact Studies, Traffic Studies, D-4 Studies, Golf Ball Scatter Studies, etc.) and could further include peer review of the studies as requested by the Municipality. Twenty (20) copies of each plan (including 11x17 reduction of each plan) and three copies of any reports or studies including a digital copy of each drawing and report prepared in support of this application, is required.

Be advised that the Applicant or a Representative is required to appear at the Development Committee meeting and any other meetings that are required to explain the proposal and answer any questions that may arise. Failure to do so may result in deferral of the application and increased costs.

The County of Simcoe has specific requirements for the submission of digital drawings. Please contact the County GIS Department for additional information at 1-705-726-9300, Ext. 1253.

9. PERMISSION TO ENTER

Consent is given to the Town of Wasaga Beach, its employees and authorized representatives to enter onto the above noted property, solely for the purpose of obtaining information to assist in the evaluation of this application.

The owner acknowledges that employees or authorized representatives of the Town may enter onto the subject property at any reasonable time and only for the purposes set out above.

| | | | |
|-------|--|---------------------|--|
| Date: | | Signature of Owner: | |
|-------|--|---------------------|--|

10. AUTHORIZATION OF OWNER

If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the applicant is authorized to make the application must be included with this form or the authorization set out below must be completed.

11. AUTHORIZATION OF OWNER FOR AGENT TO MAKE APPLICATION AND TO PROVIDE PERSONAL INFORMATION

I, _____, am the owner of the land this is the subject of this application and for purposes of the *Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56.*, authorize _____ as my agent for this application, to provide any of my personal information that will be included in this application or collected during the processing of the application.

| | | | |
|-------|--|---------------------|--|
| Date: | | Signature of Owner: | |
|-------|--|---------------------|--|

12. CONSENT OF THE OWNER TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION

I, _____, am the owner of the land that is the subject of this application and for the purposes of the *Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56.* I 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.

Personal information contained in this form, collected and maintained pursuant to *The Planning Act*, will be used for the purpose of responding to the Application and creating a public record. The Owner's Signature acknowledges that "personal information [is] collected and maintained specifically for the purpose of creating a record available to the general public;" per Section 14(1)(c) of the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56.*

The applicant acknowledges that the Town considers the application forms and all supporting materials, including studies and drawings, filed with this application to be public information and to form part of the public record. With the filing of an application, the applicant consents to the Town photocopying and releasing the application and any supporting material either for its own use in processing the application or at the request

of a third party, without further notification to or permission from the applicant. The applicant also hereby states that it has authority to bind its consultants to the terms of this acknowledgement. Questions regarding the collection of information should be directed to the Clerk of the Town of Wasaga Beach, 705-429-3844, ex 2223.

| | | | |
|-------|--|---------------------|--|
| Date: | | Signature of Owner: | |
|-------|--|---------------------|--|

13. AFFIDAVIT OR SWORN DECLARATION OF OWNER/AGENT

Declaration for the Prescribed and Requested Information

I, _____, of the _____ of _____
in the _____ of _____

do solemnly declare that all of the above statements and all attachments are true, and I make this oath 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 _____ of _____,
in the _____ of _____ this _____ day of _____, 20__

Signature

A Commissioner, etc.

Please submit your complete application to:

**The Town of Wasaga Beach
Planning Department
30 Lewis Street
Wasaga Beach, Ontario L9Z 1A1**

Regular business hours: Monday to Friday from 8:30 a.m. to 4:30 p.m.