



Corporation of the Town of Grand Valley
5 MAIN ST. N. GRAND VALLEY ON L9W 5S6
Phone: 1-519-928-5652 Fax: 1-519-928-
www.townofgrandvalley.ca

Application for Amendment to Zoning By-Law

Under Section 34 of the Planning Act

DATE RECEIVED _____

Property Roll Number _____

Completeness of the Application

The information in this form **must** be provided by the applicant with the appropriate fee. If the information and fee are not provided, the application will be returned or refused for further consideration until the information and fee have been provided.

Section 6, Sworn Affidavit, must be signed by all owners in front of a commissioner, or Sections 7.1 and 7.2 must be completed by the property owner if an agent is making this application on their behalf.

Submission of the Application

- **1 copy of the completed application form and 1 copy of the sketch are required by the Town.**
- **MINOR Application Fee \$1500.00**
- **MAJOR Application Fee \$2000.00**
- **PLUS Deposit if applicable**
- **Measurement to be in metric units.**
- **DEPOSIT as estimated by staff may be required for consultant peer review. Costs will be invoiced as received and are required to be paid in full and will not be drawn from the deposit. The deposit will be returned when your file is closed.**

If you have any questions, please contact the Municipal Office:

TOWN OF GRAND VALLEY
5 Main Street N. GRAND VALLEY ON L9W 5S6
Phone: (519) 928-5652
Fax: (519) 928-2275

Please Print and Complete or (T) Appropriate Box(es)

1. Applicant and Ownership Information			
1.1	Name of Applicant	Home Telephone No.	Business Telephone No.
Address		Postal Code	
Email			
1.2	Name of Owner(s) If different from the applicant an owner's authorization is required in Section 7.1, if the applicant is not the owner.		
	Address	Home Telephone No.	Business Telephone No.
1.3	Name of the person who is to be contacted about the application, if different than the applicant (this may be a person or firm acting on behalf of the applicant).		
	Name of Contact Person	Home Telephone No.	Business Telephone No.
	Address	Postal code	Fax No.
1.4	Any Mortgages, Charges, or other encumbrances in respect of the subject land:		
	Name	Address	
	Name	Address	

2. Location and Description of the Subject Land			
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2.1	County: Dufferin	Municipality Township of East Luther Grand Valley	
	Concession Number	Lot	Registered Plan/Lot(s) / Block(s)
	Reference Plan No.	Part Number (s)	Street/Road: Street/Emergency No.
	Width of street/road ____m	<input type="checkbox"/> Municipal year round maintained road <input type="checkbox"/> County Road <input type="checkbox"/> Seasonal or private road	
	Frontage (m)	Entire Property	Affected Area (if amendment does not affect entire property)
	Depth (m)		
	Area (hectares)		

3. Zoning and Official Plan Information	
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3.1	Current zoning of the subject :	3.2	Proposed Zoning:
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<p>3.3 Related Applications under the Planning Act, if any:</p>	<p>3.4 Has subject lands ever been subject of an Application under the Planning Act?</p> <p>File # Status:</p> <p>File # Status:</p>
<p>3.5 Nature & Extent of the proposed zoning</p>	
<p>3.6 Purpose/Reason why the rezoning is requested:</p>	
<p>3.7 Current Official Plan Designation:</p>	
<p>3.8 Provide an explanation of how the application conforms to the Official Plan</p>	

	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed								
	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed								
	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed								
	<input type="checkbox"/> Existing <input type="checkbox"/> Proposed								

5.5 Environmental

Water <input type="checkbox"/> Private Well <input type="checkbox"/> Communal Well <input type="checkbox"/> Municipal Well	Sewage Disposal <input type="checkbox"/> Private Septic <input type="checkbox"/> Communal System <input type="checkbox"/> Other: _____	Storm Drainage <input type="checkbox"/> Sewer <input type="checkbox"/> Ditches <input type="checkbox"/> Swales <input type="checkbox"/> Others: _____	Tile Drainage <input type="checkbox"/> no <input type="checkbox"/> yes, please mark on site plan location of tile runs	Biosolids <input type="checkbox"/> no <input type="checkbox"/> yes, please mark on site plan location and timing of applications
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Does the proposed development produce greater than 4500 litres of effluent per day? yes no

If yes, attach a servicing options report and hydro geological report.

5.6 Agriculture

Are lands part of a Nutrient Management Plan?

no yes, please provide plan number _____ and date approved by OMAFRA _____

Are there any livestock facilities within 500 metres of the subject lands? no yes If yes, complete the following for each farm operation:

Animal type	Barn dimensions of all barns capable of housing livestock	Number of tillable hectares of farm land	Type of Manure storage
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5.7 Statement of Requirements: Please complete the following chart Zone Requirements: (Office Use)

Lot Area (hectares)		
Frontage (m)		
Front Yard (distance between front lot line and building or structure) (m)		
Rear Yard (m)		
Interior Side Yard (m)		
Exterior Side Yard (m)		
Height (m)		
Lot Coverage (building footprint as % lot area)		
Dwelling Size (m2)		
Landscaping (% of lot area)		

6. Sketch

6.1 The application shall be accompanied by a sketch showing the following: **(Please Use Metric Units)**

- the boundaries and dimensions of the subject land.
- 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 side yard lot lines.
- the approximate location of all natural and artificial features on the subject land and on land that is adjacent to the subject land that may affect the application. Examples include buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded areas, wells and septic tanks.
- the current use on land that is adjacent to the subject land.
- the location width and name of any road 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.
- the location and nature of any easement affecting the subject land.

7. Affidavit, Sworn Declaration, Authorizations & Fees

Please complete the authorization, declarations and acknowledgement form.

AUTHORIZATION, DECLARATIONS AND ACKNOWLEDGEMENTS



IN THE MATTER OF A PLANNING APPLICATION FOR:

- Official Plan Amendment
- Zoning By-law Amendment
- Consent to Sever
- Plan of Subdivision/Condominium
- Other _____

OWNERS AUTHORIZATION

I, _____, am the owner of the lands subject to this application hereby agree to the following:

1. Town staff or their representatives are authorized to enter my property for the purposes of evaluating this application.
2. I acknowledge and agree to pay all costs associated with the processing and evaluation of this application, including any peer reviews and consulting fees. These costs may be deducted from the deposit or invoiced directly, at the discretion of the Town. Should this application be appealed to the OMB, I am aware that I will be responsible and agree to pay all fees related to the OMB process.
3. For the purposes of the Freedom of Information and Protection of Privacy Act, 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, and further I authorize 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 this application.
4. I authorize _____ to make this application on my behalf.

Date

Signature of Owner

SWORN DECLARATION OF APPLICANT

I, _____ of the _____
in the _____ make oath and say (or solemnly declare) that the
information contained in this application is true and that the information contained in the documents that accompany this
application is true.

Sworn (or declared) before me

at the _____

in the _____

this _____ day of _____ 20__

Applicant

Commissioner of Oaths

Applicant