

MUNICIPALITÉ • EAST FERRIS • MUNICIPALITY



390 HIGHWAY 94, CORBEIL, ONTARIO P0H 1K0
TEL.: (705) 752-2740 FAX.: (705) 752-2452

APPLICATION FOR SITE PLAN CONTROL

APPLICATION FEE: \$600.00 (made payable to the Municipality of East Ferris by cheque or cash). All fees are non-refundable.

It is required that two (2) copies of the application be filed together with sketches with the Secretary-Treasurer of the Municipality of East Ferris and be accompanied by the fee. In accordance with Section 1.0.1 of the Planning Act, R.S.O. 1990 information and material required to be provided to a municipality or approval authority as part of this application shall be considered public information and shall be made available to the public.

The undersigned hereby applies to the Municipality of East Ferris for a site plan control agreement, as described in this application, in accordance with By-law No. 1894. Failure to submit all of the required information may prevent or delay the consideration of the application.

1. APPLICANT INFORMATION

Owner(s): _____

Home Phone: _____ Alternate Phone: _____

Fax Number: _____ Email: _____

Home Address: _____ City/Town/Village/Hamlet: _____

Postal Code: _____

Municipal Address of lands affected (911 Number): _____

Authorized Agent/Applicant Solicitor (if any): _____

Phone Number: _____ Alternate Phone: _____

Address: _____ City/Village: _____

Fax: _____ Email: _____

Specify to whom all communications should be sent (check appropriate space):

Owner Agent Solicitor Both

2. LOCATION OF SUBJECT LAND:

Lot(s)_____Concession No(s)._____Registered Plan (Subdivision) No._____

Lot(s) (No(s))_____Reference Plan (Survey) No._____Part(s)_____

Parcel(s)_____Hamlet (Asterville, Corbeil, Derland)_____

Are there any easements or restrictive covenants affecting the subject land?

Yes

No

Please Describe:_____

3. DATE OF ACQUISITION OF SUBJECT LAND:_____

4. NAMES OF ANY MORTGAGES, HOLDERS OF ANY CHARGES OR OTHER ENCUMBRANCERS:

5. ADDRESS OF ANY MORTGAGES, HOLDERS OF ANY CHARGES OR OTHER ENCUMBRANCERS:

6. DESCRIPTION OF SUBJECT LAND:

Description of Land:

Frontage:_____Depth:_____Area:_____

Existing Use(s):_____

Number of Buildings and Structures (existing) on land subject to the application:_____

Use(s) of Buildings and Structures (existing) on land subject to the application:

Proposed Use(s):_____

Number of Buildings and Structures (proposed) on land subject to this application_____

Use(s) of Buildings and Structures (proposed) on land subject to the application:

7. DATE OF CONSTRUCTION OF ALL BUILDINGS AND STRUCTURES ON SUBJECT LAND:

8. PARTICULARS OF ALL BUILDINGS AND STRUCTURES (EXISTING) ON THE SUBJECT LAND. SPECIFY GROUND FLOOR AREA, GROSS FLOOR AREA, NUMBER OF STOREYS, WIDTH, LENGTH, HEIGHT, ETC.

TYPE OF EXISTING BUILDING(S) AND STRUCTURE(S)	Ground Floor Area	Gross Floor Area	Number of Storeys	Width	Length	Height

Not Applicable (please check if there are no existing building(s) or structure(s))

9. PARTICULARS OF ALL BUILDINGS AND STRUCTURES (PROPOSED) ON THE SUBJECT LAND. SPECIFY GROUND FLOOR AREA, GROSS FLOOR AREA, NUMBER OF STOREYS, WIDTH, LENGTH, HEIGHT, ETC.

TYPE OF PROPOSED BUILDING(S) AND STRUCTURE(S)	Ground Floor Area	Gross Floor Area	Number of Storeys	Width	Length	Height

Not Applicable (please check if there are no proposed building(s) or structure(s))

10. LOCATION OF ALL EXISTING BUILDINGS AND STRUCTURES EXISTING AND PROPOSED FOR THE SUBJECT LAND. SPECIFY THE SETBACK DISTANCES FROM THE SIDE, REAR AND FRONT LOT LINES.

TYPE OF EXISTING BUILDING(S) AND STRUCTURE(S)	Side Lot Line	Side Lot Line	Front Lot Line	Rear Lot Line

Not Applicable (please check if there are no existing building(s) or structure(s))

TYPE OF PROPOSED BUILDING(S) AND STRUCTURE(S)	Side Lot Line	Side Lot Line	Front Lot Line	Rear Lot Line

Not Applicable (please check if there are no proposed building(s) or structure(s))

11. EXISTING USES OF THE SUBJECT LAND:

12. EXISTING USES OF ABUTTING PROPERTIES:

13. LENGTH OF TIME WHICH THE EXISTING USE(S) OF THE SUBJECT PROPERTY HAS CONTINUED:

14. MUNICIPAL SERVICES AVAILABLE (CHECK ALL THAT APPLY):

Water Sanitary Sewers Storm Sewer

15. PRESENT OFFICIAL PLAN DESIGNATION (PLEASE CONTACT PLANNING & DEVELOPMENT STAFF):

16. PRESENT ZONING BY-LAW PROVISIONS APPLYING TO LAND (PLEASE CONTACT PLANNING & DEVELOPMENT STAFF):

17. ZONING BY-LAW NUMBER (PLEASE CONTACT PLANNING & DEVELOPMENT STAFF):

18. WHY IS SITE PLAN CONTROL BEING REQUESTED? PLEASE PROVIDE A DETAILED EXPLANATION.

19. IF KNOWN, HAVE THE LANDS:

A) EVER BEEN, OR ARE NOW, A PART OF AN APPLICATION FOR:

I) Official Plan Amendment?

Yes No Unknown

If 'yes', File # _____ Status Of Application _____

II) Plan of Subdivision?

Yes No Unknown

If 'yes', File # _____ Status Of Application _____

III) Consent?

Yes No Unknown

If 'yes', File # _____ Status Of Application _____

IV) Rezoning?

Yes No Unknown

If 'yes', File # _____ Status Of Application _____

V) Minor Variance?

Yes No Unknown

If 'yes', File # _____ Status Of Application _____

B. Ever Been the Subject of A Minister's Zoning Order?

Yes No Unknown

If 'yes', what is the Ontario Regulation Number _____

20. IS THE SUBJECT LAND WITHIN AN AREA OF LAND DESIGNATED UNDER ANY PROVINCIAL PLAN OR PLANS?

Yes No

Name of Plan(s): _____

21. IF THE ANSWER TO THE ABOVE IS "YES", DOES THE APPLICATION CONFORM TO OR DOES NOT CONFLICT WITH THE APPLICABLE PROVINCIAL PLAN OR PLANS?

Yes No

Name of Plan(s): _____

22. DO YOU HAVE ANY KNOWLEDGE OF ENDANGERED SPECIES OR SPECIES AT RISK OR KNOWLEDGE OF POTENTIAL HABITAT FOR SUCH SPECIES ON THE SUBJECT LAND OR ADJACENT LANDS?

Yes No

If "yes", please explain: _____

23. AFFIDAVIT OR SWORN DECLARATION

I/We _____ of the _____

Of _____ in the _____ of _____

Solemnly declare that:

All the above statements and the statements contained in all of the exhibits transmitted herewithin 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.

DECLARED before me at the _____ of _____

in the _____ of _____ this _____

day of _____ 20_____.

A Commissioner etc.

Signature of Applicant, Solicitor,
Authorized Agent

A Commissioner etc.

Signature of Applicant, Solicitor,
Authorized Agent

24. AUTHORIZATION

Consent of the owner(s) to the use and disclosure of personal information

I/We _____ am/are the owner(s) of the land that is the subject of this application for a Site Plan Control Agreement a for the purposes of the Freedom of Information and Privacy Act I/We 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 sole purposes of processing this application.

Date

Signature of Owner

Date

Signature of Owner

25. AUTHORIZATION OF OWNER FOR AGENT TO MAKE THE APPLICATION AND TO PROVIDE PERSONAL INFORMATION:

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.

I/We _____ am/are the owner(s) of the land that is the subject of this application for Site Plan Control Agreement and I/We authorize _____ to make this application on my/our behalf, and for the purposes of the Freedom of Information and Protection of Privacy Act to provide any of my personal information that will be included in this application or collected during the processing of this application.

Date

Signature of Owner

Date

Signature of Owner

26. CONSENT OF OWNER – SITE INSPECTION

I/We _____ am/are the owner(s) of the land that is the subject of this application for Site Plan Control Agreement and I/We authorize Municipal Staff, Committee Members, and Council members to enter onto the property to gather information necessary (e.g. site inspection, photos, video etc.) for assessing this application.

Date

Signature of Owner

Date

Signature of Owner

For Office Use Only:

Date Complete application was received: _____

File No. _____

Date Stamp: