

CANTON • EAST FERRIS • TOWNSHIP



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

APPLICATION FOR CONSENT UNDER SECTION 53 OF THE PLANNING ACT

APPLICATION FEE: \$500.00 (made payable to the Township of East Ferris by cheque or cash). All fees are non-refundable.

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 consent granting framework is formally established in the Ontario Planning Act R.S.O. 1990, c.P.13.

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

5. DESCRIPTION OF SUBJECT LAND TO BE SEVERED:

Frontage: _____ Depth: _____ Area: _____

Existing Use(s): _____

Number of Buildings and Structures (existing) on land to be severed: _____

Use(s) of Buildings and Structures (existing) on land to be severed: _____

Particulars of all building(s) and structure(s) (Existing) on the land to be **Severed**.
Specify the setback distances from the side, rear and front lot lines.

TYPE OF EXISTING BUILDINGS OR STRUCTURES	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))

Proposed Use(s): _____

Number of Buildings and Structures (proposed) on land to be severed: _____

Use(s) of Buildings and Structures (proposed) on land to be severed: _____

Particulars of all building(s) and structure(s) (Proposed) on the land to be **Severed**.
Specify the setback distances from the side, rear and front lot lines.

TYPE OF PROPOSED BUILDINGS OR STRUCTURES	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))

6. DESCRIPTION OF SUBJECT LAND TO BE RETAINED:

Frontage: _____ Depth: _____ Area _____

Existing Use(s): _____

Number of Buildings and Structures (existing) on land to be retained: _____

Use(s) of Buildings and Structures (existing) on land to be retained:

Particulars of all building(s) and structure(s) (Existing) on the land to be **retained**.
Specify the setback distances from the side, rear and front lot lines.

TYPE OF EXISTING BUILDINGS OR STRUCTURES	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))

Proposed Use(s): _____

Number of Buildings and Structures (proposed) on land to be retained: _____

Use(s) of Buildings and Structures (proposed) on land to be retained:

Particulars of all building(s) and structure(s) (Proposed) on the land to be **Retained**.
Specify the setback distances from the side, rear and front lot lines.

TYPE OF PROPOSED BUILDINGS OR STRUCTURES	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))

7. SERVICES (PLEASE CHECK ALL THAT APPLY):

<u>A. Water Supply:</u>	Severed	Retained
Municipally owned and Operated (Individual)	<input type="checkbox"/>	<input type="checkbox"/>
Privately owned and operated (Communal)	<input type="checkbox"/>	<input type="checkbox"/>
Lake	<input type="checkbox"/>	<input type="checkbox"/>
Dug Well	<input type="checkbox"/>	<input type="checkbox"/>
Drilled Well	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)_____	<input type="checkbox"/>	<input type="checkbox"/>

<u>B. Sewage Disposal:</u>	Severed	Retained
Municipally owned Operated (Individual)	<input type="checkbox"/>	<input type="checkbox"/>
Privately owned and Operated (Communal)	<input type="checkbox"/>	<input type="checkbox"/>
Septic Tank/Field Bed	<input type="checkbox"/>	<input type="checkbox"/>
Holding Tank	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>

<u>C. Access:</u>	Severed	Retained
Unopened Road Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Open Municipal Road (Public Road)	<input type="checkbox"/>	<input type="checkbox"/>
Private Right of Way	<input type="checkbox"/>	<input type="checkbox"/>
Provincial Highway	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Name of Road/Street: _____

Is Access only by water? Yes No

If the answer to the above question was "yes" describe the boat docking facilities to be Used and the approximate distance of these facilities from the subject land and the nearest opened public road: _____

<u>C. Storm Drainage:</u>	Severed	Retained
Sewers	<input type="checkbox"/>	<input type="checkbox"/>
Ditches	<input type="checkbox"/>	<input type="checkbox"/>
Swales	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>

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

9. PRESENT ZONING BY-LAW PROVISIONS APPLYING TO LAND (ZONING OF SUBJECT LAND) (PLEASE CONTACT PLANNING STAFF):

10. ZONING BY-LAW NUMBER (PLEASE CONTACT PLANNING STAFF):

11. WHAT IS THE PROPOSED ZONING OF THE LAND INTENDED TO BE SEVERED?

12. IF KNOWN, HAVE THE LANDS:

A) Ever been, or is now, 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 _____

13. IS THE SUBJECT LAND (SEVERED AND RETAINED) WITHIN AN AREA OF LAND DESIGNATED UNDER ANY PROVINCIAL PLAN OR PLANS?

Yes No

Name of Plan(s): _____

14. 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): _____

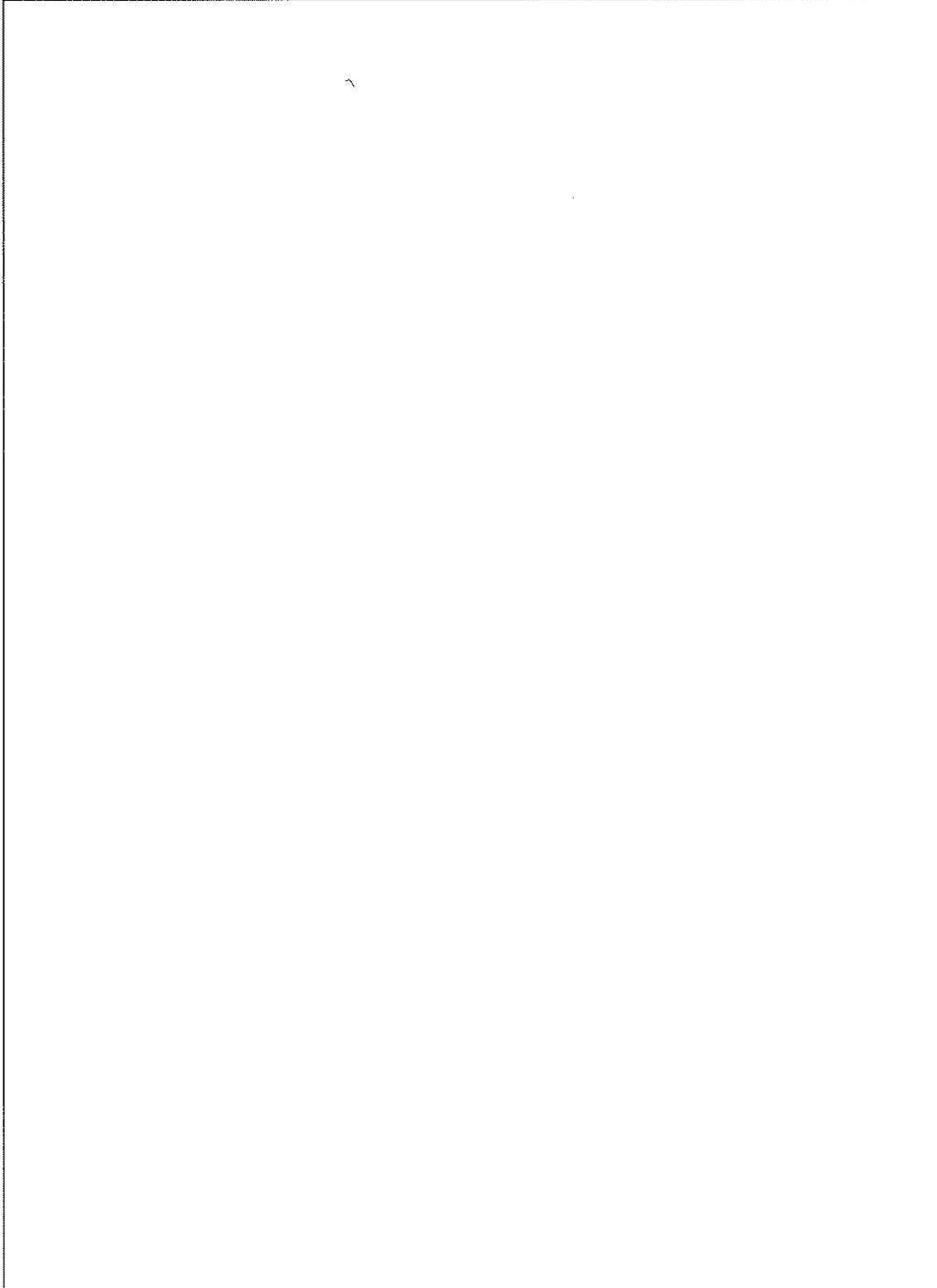
15. IS THE APPLICATION FOR CONSENT CONSISTENT WITH THE PROVINCIAL POLICY STATEMENTS ISSUED UNDER SUBSECTION 3(1) OF THE PLANNING ACT?

Yes No

16. 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

17. REQUIRED SKETCH (return this sketch with application form. Without a sketch, an application form cannot be processed.)

A large, empty rectangular box with a thin black border, intended for a sketch. The box is currently blank.

18. 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

19. 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 consent application 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 purposes of processing this application.

Date Signature of Applicant, Solicitor,
Authorized Agent

Date Signature of Applicant, Solicitor,
Authorized Agent

20. 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 a consent 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 Applicant, Solicitor,
Authorized Agent

Date

Signature of Applicant, Solicitor,
Authorized Agent

21. CONSENT OF OWNER – SITE INSPECTION

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 a consent and I/We authorize Municipal Staff, Committee Members, and Council members to enter onto the property to gather information necessary for assessing this application.

Date

Signature of Applicant, Solicitor,
Authorized Agent

Date

Signature of Applicant, Solicitor,
Authorized Agent

For Office Use Only:

Date Complete application was received: _____

File No. _____

Date Stamp: