



Zoning By-law Amendment Guide & Application

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The Township's Zoning By-Law 14-14 controls the use of land and regulates where buildings and other structures can be located, the types of buildings permitted, building height and setbacks from the street, parking requirements, etc. If an applicant wishes to use or develop their property in a way that is not permitted by the zoning by-law, they can apply for an exception through submission of a rezoning application.

Submission Requirements

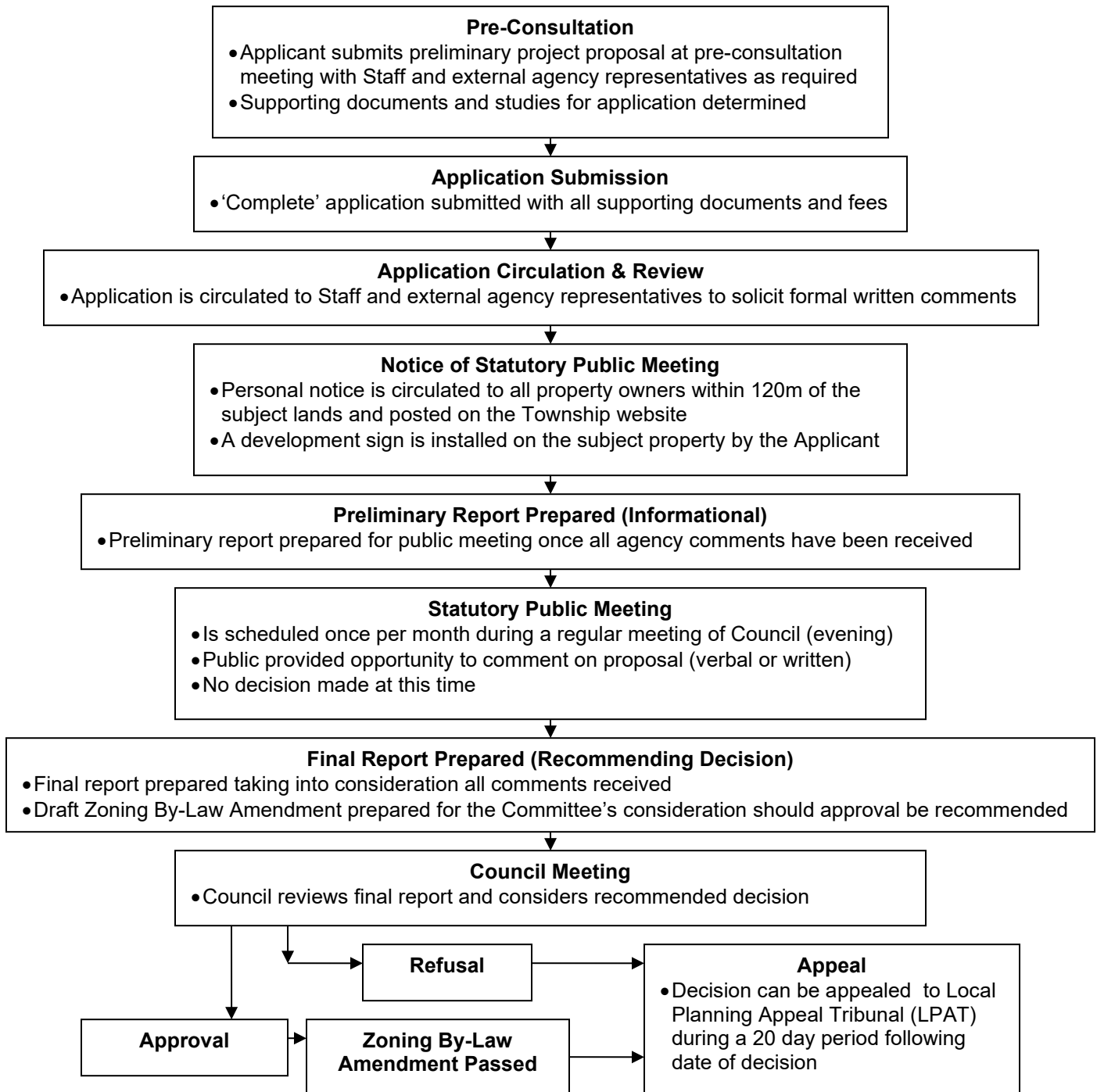
The following supplementary and supporting documents and materials may be required to be submitted with a Zoning By-Law Amendment Application as determined at the pre-consultation stage:

- Land use planning report setting out purpose of application
- One copy (11" X 17") of a survey or sketch prepared by an Ontario Land Surveyor or other professional that clearly identifies the following in **metric** units:
 - Parcel or portion of land subject to the application, including any easements
 - Building dimensions and setbacks of all existing and proposed structures
 - Percentage of lot coverage by all structures
 - Percentage of lot coverage by all accessory structures
 - Location of private well and sewage disposal system (if applicable)

Note: Additional information and material may be required in response to a particular development proposal or raised through the review process.

Additional sets of these documents may be required to accompany the application upon submission.

Zoning By-law Amendment Process





Application for a Zoning By-law Amendment

Office Use Only

Date Received _____ Date Deemed Complete _____
 File No. _____
 Roll No. _____
 Receipt No. _____

Other Submission:

| | | | |
|------------------------|-----------------------------|------------------------------|----------------|
| Regional Official Plan | No <input type="checkbox"/> | Yes <input type="checkbox"/> | File No. _____ |
| Township Official Plan | No <input type="checkbox"/> | Yes <input type="checkbox"/> | File No. _____ |
| Site Plan Approval | No <input type="checkbox"/> | Yes <input type="checkbox"/> | File No. _____ |
| Land Division | No <input type="checkbox"/> | Yes <input type="checkbox"/> | File No. _____ |
| Minor Variance | No <input type="checkbox"/> | Yes <input type="checkbox"/> | File No. _____ |

Pursuant to the provisions of the Planning Act, R.S.O. 1990, I/We hereby submit an application for an amendment, hereinafter set out, to By-law No. 14-14 as otherwise amended, of the Corporation of the Township of Scugog, in respect of the lands hereinafter described.

1. Fee Schedule

The following fees may be required to be submitted with the application:

- \$ 750.00 Extension of Time Limit for Temporary Use
- \$1,360.00 Removal of Holding "H" Symbol
- \$4,480.00 Minor Application includes Temporary Use
- \$7,980.00 Other than Minor application
- \$ 750.00 Agricultural Hold Removal

In addition to the fee mentioned above the following fees are also required:

- \$287.00 payable to the Region of Durham Health Department (Applies to only those properties with private services)
- \$1,500.00 payable to the Region of Durham Planning Department for a Standard Review
- \$500.00 payable to the Region of Durham Planning Department for a Minor Review

Check with Municipal Staff to determine which one of the following will apply:

- \$2,040.00 payable to the Central Lake Ontario Conservation Authority (CLOCA) Additional fees will apply if a technical review is required. Contact CLOCA or visit their web site at: www.cloca.com for the current fee schedule.
- \$500.00 payable to the Kawartha Region Conservation Authority (KRCA) Additional fees will apply if a technical review is required. Contact KRCA or visit their web site at: www.kawarthaconservation.com for the current fee schedule.
- \$2,152.00 payable to the Lake Simcoe Region Conservation Authority (LSRCA). Additional fees will apply if a technical review is required. Contact LSRCA or visit their web site at: www.lsrca.on.ca for the current fee schedule.

2. **Summary of Proposal:** _____

3. **Contact Information**

Applicant (Primary Correspondent): _____

Address: _____

Phone: _____

Email: _____

Authorized Agent: _____

Address: _____

Phone: _____

Email: _____

Registered Owner(s): _____

Address: _____

Phone: _____

Email: _____

All Communications to be Forwarded to: (Check one only)

Applicant

Agent

Owner

4. **Details of Subject Property**

Location/Description of Subject Property:

Municipal Address: _____

Legal Description: _____

Assessment Roll No: _____

Dimensions of Entire Property

Lot Area: _____ Average Frontage: _____
Average Depth: _____

Dimensions of Lands Subject to this Application

Same as Above: Yes No (*Specify Below*)

Lot Area: _____ Average Frontage: _____
Average Depth: _____

Services (Check one in each category)

| | | | | | |
|------------------|-----------------|--------------------------|--------------------------|----------|--------------------------|
| Water Supply: | Municipal | Existing | <input type="checkbox"/> | Proposed | <input type="checkbox"/> |
| | Private Well | Existing | <input type="checkbox"/> | Proposed | <input type="checkbox"/> |
| Sewage Disposal: | Municipal | Existing | <input type="checkbox"/> | Proposed | <input type="checkbox"/> |
| | Private | Existing | <input type="checkbox"/> | Proposed | <input type="checkbox"/> |
| Storm Drainage: | Open Ditch | Existing | <input type="checkbox"/> | Proposed | <input type="checkbox"/> |
| | Curb/Gutter | Existing | <input type="checkbox"/> | Proposed | <input type="checkbox"/> |
| | Other (specify) | _____ | | | |
| Road Access: | Municipal | <input type="checkbox"/> | Street Name: | _____ | |
| | Regional | <input type="checkbox"/> | Street Name: | _____ | |
| | Provincial | <input type="checkbox"/> | Street Name: | _____ | |
| | Private | <input type="checkbox"/> | Street Name: | _____ | |

5. Existing and Proposed Use of Subject Lands

Existing Land Use Designations

Scugog Official Plan: _____
Regional Official Plan: _____

Zoning By-law 14-14 Category

Current: _____
Proposed: _____

Existing Buildings

Number of Buildings: _____
Type/Use of Buildings: _____

Proposed Buildings

Number of Buildings: _____

Type/Use of Buildings: _____

6. Concurrent or Subsequent Application Submissions for the Subject Land (or Lands within 120 metres):

| | | | |
|------------------------|-----------------------------|------------------------------|----------------|
| Regional Official Plan | No <input type="checkbox"/> | Yes <input type="checkbox"/> | File No. _____ |
| Scugog Official Plan | No <input type="checkbox"/> | Yes <input type="checkbox"/> | File No. _____ |
| Site Plan Approval | No <input type="checkbox"/> | Yes <input type="checkbox"/> | File No. _____ |
| Land Division/Consent | No <input type="checkbox"/> | Yes <input type="checkbox"/> | File No. _____ |
| Plan of Subdivision | No <input type="checkbox"/> | Yes <input type="checkbox"/> | File No. _____ |
| Plan of Condominium | No <input type="checkbox"/> | Yes <input type="checkbox"/> | File No. _____ |
| Minor Variance | No <input type="checkbox"/> | Yes <input type="checkbox"/> | File No. _____ |

7. Details of Adjacent Properties

Adjacent Land Use

North: _____

South: _____

East: _____

West: _____

8. Reasons for Requesting Zoning By-law Change: _____

9. Authorization of Property Owner for Agent to Make the Application:

If the Applicant/Agent is NOT the Owner(s) of the property that is the subject of this application, the written authorization of the Owner(s) that the Applicant/Agent is authorized to make the application, must be included with this application, or the Authorization set out below must be completed.

I/We _____ am/are the Owner(s) of the property that is the subject of this Zoning By-Law Amendment Application and I/we authorize _____ to make this application on my/our behalf.

Signature

Date

Signature

Date

10. Authorization of Property Owner for Disclosure of Personal Information

I/We _____ am/are the Owner(s) of the property that is the subject of this Zoning By-law Amendment Application and I/we, for the purposes of the Freedom of Information and Protection of Privacy Act, consent to the disclosure of any personal information provided in the processing of this application, under the Planning Act, to any person or public body.

Signature

Date

Signature

Date

11. Affidavit to be Signed in the Present of a Commissioner

I/We _____ of the _____ of _____ in the _____ of _____, do solemnly declare that:

I/We enclose herewith the non-refundable fees for this application and agree to pay any further costs which may be determined by the Council of the Township of Scugog (i.e. legal, planning engineering, etc.). In addition, depending on the nature of the application, a Financial Agreement with the municipality may be required to cover the cost of consulting services rendered to the Township in conjunction with the processing of this application. I/We also agree to reimburse the Township of Scugog for any costs which may be incurred before the Ontario Land Tribunal or awarded by the Tribunal arising as a result of this application; and

All above statements contained within and any information 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 of "*The Canada Evidence Act*".

Declared before me at the

_____ of _____

in the _____ of _____

this _____ day of _____, 20_____.

Signature of Applicant or Agent

Signature of Applicant or Agent

A Commissioner, etc.

Minimum Distance Separation (MDS) Data Sheet (Check if N/A)

To be completed when applying for a new non-farm use within 500 metres (1640 feet) of an existing livestock facility.
 Complete one sheet for each different set of buildings used for housing livestock.

Closest distance from livestock facility to the property boundary of the proposed change in land use: _____ metres.

Closest distance from manure storage to the property boundary of the proposed change in land use: _____ metres.

Tillable hectares where livestock facility located: _____ hectares.

| Type of Livestock | | Manure System (Place an "x" in one box only) | | | | |
|-------------------|--|--|--------------|--------------------|------------------|------------------------|
| | | Maximum Housing Capacity # | Covered Tank | Open Solid Storage | Open Liquid Tank | Earthen Manure Storage |
| Dairy | <input type="checkbox"/> Milking Cows <input type="checkbox"/> Heifers | | | | | |
| Beet | <input type="checkbox"/> Cows (Barn confinement) <input type="checkbox"/> Cows (Barn with yard) <input type="checkbox"/> Feeders (Barn confinement) <input type="checkbox"/> Feeders (Barn with yard) | | | | | |
| Swine | <input type="checkbox"/> Sows <input type="checkbox"/> Weaners <input type="checkbox"/> Feeder Hogs | | | | | |
| Poultry | <input type="checkbox"/> Chicken Broiler/Roasters <input type="checkbox"/> Caged Layers <input type="checkbox"/> Chicken Breeder Layers <input type="checkbox"/> Pullets <input type="checkbox"/> Meat Turkeys (>10kg) <input type="checkbox"/> Meat Turkeys (5-10kg) <input type="checkbox"/> Meat Turkeys (<5kg) <input type="checkbox"/> Turkey Breeder Layers | | | | | |
| Horses | <input type="checkbox"/> Horses | | | | | |
| Sheep | <input type="checkbox"/> Adult Sheep <input type="checkbox"/> Feeder Lambs | | | | | |
| Mink | <input type="checkbox"/> Adults | | | | | |
| Veal | <input type="checkbox"/> White Veal Calves | | | | | |
| Goats | <input type="checkbox"/> Adult Goats <input type="checkbox"/> Feeder Goats | | | | | |
| Other | <input type="checkbox"/> (_____) | | | | | |

Owner of Livestock Facility: _____ Telephone: (_____) _____

The above information was prepared by: _____

Name (Please Print)

Signature

Date