



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

1. Pre-Consultation

- Applicant submits preliminary project proposal at pre-consultation meeting with Staff and external agency representatives as required
- Supporting documents and studies for application determined

2. Application Submission

- 'Complete' application submitted with all supporting documents and fees

3. Application Circulation & Review

- Application is circulated to Staff and external agency representatives to solicit formal written comments

4. Notice of Statutory Public Meeting

- Personal notice is circulated to all property owners within 120m of the subject lands and posted on the Township website
- A development sign is installed on the subject property by the Applicant

5. Preliminary Report Prepared (Informational)

- Preliminary report prepared for public meeting once all agency comments have been received

6. Statutory Public Meeting

- Is scheduled once per month during a regular meeting of Council (evening)
- Public provided opportunity to comment on proposal (verbal or written)
- No decision made at this time

7. Final Report Prepared (Recommending Decision)

- Final report prepared taking into consideration all comments received
- Draft Zoning By-Law Amendment prepared for the Committee's consideration should approval be recommended

8. Council Meeting

- Council reviews final report and considers recommended decision

9. Decisions

• Approval

○ Zoning By-Law Amendment Passed

○ Appeal

- Decision can be appealed to Local Planning Appeal Tribunal (LPAT) during a 20-day period following date of decision

• Refusal

○ Appeal

- Decision can be appealed to Local Planning Appeal Tribunal (LPAT) during a 20-day period following date of decision



Application for a Zoning By-law Amendment

Office Use Only

Date Received
File No.
Roll No.
Receipt No.

Date Deemed Complete

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	Default Font Face	Earthen Manure Storage
Dairy	<input type="checkbox"/> Milking Cows <input type="checkbox"/> Heifers						
Beef	<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