



# **OFFICIAL PLAN AMENDMENT GUIDE & APPLICATION**

## OFFICIAL PLAN AMENDMENT GUIDE & APPLICATION

The Official Plan is a document which describes the Township's general land use planning policies and ensures that growth is coordinated and meets the needs of the community. If an applicant wishes to use or develop their property in a way which conflicts with the Official Plan, they can apply for an exemption through submission of an Official Plan Amendment (OPA) Application.

### SUBMISSION REQUIREMENTS

The following supplementary and supporting documents and materials may be required to be submitted with an OPA application as determined at the pre-consultation stage:

- Survey (11" X 17") identifying the subject lands, easements, setbacks of existing and proposed structures, and location of well and sewage disposal system (in **metric** units)
- Land Use Planning Report
- Market Impact Study
- Agricultural Impact Assessment (AIA)
- Environmental Impact Study (EIS)
- Contamination Management Plan
- Contaminant Management Plan
- Hydrogeological Assessment
- Stormwater Management Report
- Servicing Study
- Traffic Impact Assessment
- Financial Impact Study
- Archaeological Assessment
- Cultural Heritage Impact Statement
- Tree Preservation Plan/Study
- Environmental Site Assessment (Phase I and II)
- Land Use Compatibility Assessment
- Noise Impact and Vibration Study

**Note:** Eight copies of each required supporting document should be submitted with the application. **Additional information and material** may be required in response to a particular development proposal, or raised through the review process

Studies listed above shall be carried out by qualified professional consultants retained by and at the expense of the applicant, and must be carried out within 2 years from the date of submission (studies older than 2 years may not be considered acceptable for submission). The Township may also require peer reviews of the studies by an appropriate public agency or by a professional consultant retained by the Township at the applicant's expense.

# OFFICIAL PLAN 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
- Region of Durham Staff present to determine if a Regional Official Plan Amendment will be required

## 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
- Region of Durham determines if amendment is exempt or non-exempt from Regional approval

## 4. Notice of Statutory Public Meeting

- Personal notice is circulated to all property owners within 120m of subject lands and depending on the nature of the application, notice may be published in the local newspaper 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 Official Plan Amendment prepared for council's consideration should Staff recommend approval of application

## 8. Council Meeting

- Council reviews final report and considers recommended decision

## 9. Council

### • Adopts

#### ○ Non-Exempt From Regional Approval

#### ▪ Regional Council Gives Final Approval/Refusal

#### ▪ Appeal

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

#### ▪ No Decision Within 120 Days

- If approval authority fails to give notice of decision within 120 days of application submission, appeal to LPAT can be filed

- **Exempt From Regional Approval**
  - **Township Council Gives Final Approval/Refusal**
  - **Appeal**
    - Decision can be appealed to Local Planning Appeal Tribunal (LPAT) during a 20 day appeal period after date of decision
  - **No Decision Within 120 Days**
    - If approval authority fails to give notice of decision within 120 days of application submission, appeal to LPAT can be filed
  - **Appeal**
    - Decision can be appealed to Local Planning Appeal Tribunal (LPAT) during a 20 day appeal period after date of decision
  - **No Decision Within 120 Days**
    - If approval authority fails to give notice of decision within 120 days of application submission, appeal to LPAT can be filed
- **Does Not Adopt**
  - **Appeal**
    - Applicant requests Regional Planning Commissioner to refer matter to LPAT
  - **LPAT Hearing**



## OFFICIAL PLAN AMENDMENT APPLICATION

### OFFICE USE ONLY

DATE RECEIVED  
 DATE DEEMED COMPLETE  
 FILE NO.  
 ROLL NO.  
 RECEIPT NO.

### OTHER SUBMISSIONS:

|                        |    |                          |     |                          |          |
|------------------------|----|--------------------------|-----|--------------------------|----------|
| REGIONAL OFFICIAL PLAN | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> | FILE NO. |
| REZONING               | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> | FILE NO. |
| SITE PLAN APPROVAL     | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> | FILE NO. |
| MINOR VARIANCE         | NO | <input type="checkbox"/> | YES | <input type="checkbox"/> | FILE NO. |
| LAND DIVISION          | 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 the Official Plan of the Township of Scugog as otherwise amended, of the Corporation of the Township of Scugog, in respect of the lands hereinafter described.

### 1. FEE SCHEDULE

The following application fee must be submitted with the application:

\$10,050.00 Application fee payable to the Township of Scugog

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

- \$287.00 payable to the Region of Durham Health Department (Applies to only those properties with private services)
- \$3,500.00 payable to the Regional of Durham Planning Department for review of an exempt amendment
- \$5,000.00 payable to the Regional of Durham Planning Department for review of a non-exempt amendment

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

- \$2,040 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](http://www.cloca.com) for the current fee schedule.
- \$550 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](http://www.kawarthaconservation.com) for the current fee schedule.
- \$2,152 (Minor) or \$12,651 (Major) 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](http://www.lsrca.on.ca) for the current fee schedule.

2. **SUMMARY OF PROPOSAL:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **CONTACT INFORMATION**  
**APPLICANT (PRIMARY CORRESPONDANT):** \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**AUTHORIZED AGENT:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**REGISTERED OWNER(S):** \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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 #: \_\_\_\_\_

**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 DESIGNATION**

SCUGOG OFFICIAL PLAN: \_\_\_\_\_

REGIONAL OFFICIAL PLAN: \_\_\_\_\_

**PROPOSED LAND USE DESIGNATION**

SCUGOG OFFICIAL PLAN: \_\_\_\_\_

REGIONAL OFFICIAL PLAN: \_\_\_\_\_

REGIONAL OPA FILE # (if applicable): \_\_\_\_\_

PURPOSE: \_\_\_\_\_

**ZONING BY-LAW 14-14 CATEGORY**

CURRENT: \_\_\_\_\_

PROPOSED (If applicable): \_\_\_\_\_

**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       YES       FILE NO. \_\_\_\_\_

SCUGOG OFFICIAL PLAN      NO       YES       FILE NO. \_\_\_\_\_

SITE PLAN APPROVAL      NO       YES       FILE NO. \_\_\_\_\_

CONSENT      NO       YES       FILE NO. \_\_\_\_\_

PLAN OF SUBDIVISION      NO       YES       FILE NO. \_\_\_\_\_

PLAN OF CONDOMINIUM      NO       YES       FILE NO. \_\_\_\_\_

MINOR VARIANCE      NO       YES       FILE NO. \_\_\_\_\_

REZONING      NO       YES       FILE NO. \_\_\_\_\_

**7. DETAILS OF ADJACENT PROPERTIES**

**ADJACENT LAND USE**

NORTH: \_\_\_\_\_

SOUTH: \_\_\_\_\_

EAST: \_\_\_\_\_

WEST: \_\_\_\_\_

**8. DETAILS OF PROPOSED AMENDMENT**

**APPLICATION TO AMEND AN OFFICIAL PLAN SCHEDULE**

Does the proposed amendment change or replace a designation of the subject land?

NO       YES

If YES, please describe the change or replacement and identify the designation being requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Does the amendment seek all of the uses in the requested designation?

NO  YES

If YES, please describe any or all of the **selected** uses: \_\_\_\_\_

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Please attach two copies of any schedules to the Scugog Official Plan that are proposed to be changed showing (in red ink) the intended changes.

**APPLICATION TO AMEND OFFICIAL PLAN TEXT**

Does the amendment propose to add a new policy to the Official Plan?

NO  YES

Please identify the text of the proposed policy and the purpose of the proposed policy:

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Does the amendment propose to change, replace or delete a policy in the Official Plan?

NO  YES

Please identify the policy proposed to be changed, replaced or deleted, any proposed new text, and the purpose of the proposed new text: \_\_\_\_\_

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**REASONS FOR REQUESTING AMENDMENT:**

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**IF RESIDENTIAL DEVELOPMENT IS PROPOSED, SPECIFY:**

NUMBER OF SINGLE DETACHED DWELLINGS: \_\_\_\_\_

NUMBER OF SEMI-DETACHED UNITS: \_\_\_\_\_

NUMBER OF MULTIPLE FAMILY UNITS: \_\_\_\_\_

OVERALL GROSS DENSITY: \_\_\_\_\_

OPEN SPACE (HA): \_\_\_\_\_ OTHER USES: \_\_\_\_\_

**IF COMMERCIAL DEVELOPMENT IS PROPOSED, SPECIFY:**

GROSS FLOOR SPACE: \_\_\_\_\_ m<sup>2</sup>

GROSS LEASABLE FLOOR SPACE: \_\_\_\_\_ m<sup>2</sup>

TYPES OF USES PROPOSED: \_\_\_\_\_

**IF INDUSTRIAL DEVELOPMENT IS PROPOSED, SPECIFY:**

USABLE FLOOR SPACE: \_\_\_\_\_ m<sup>2</sup>

TYPES OF USES PROPOSED: \_\_\_\_\_

**9. CONSISTENCY WITH PROVINCIAL POLICIES AND PLANS**

Is the proposed amendment consistent with the provincial policy statements issued under subsection 3(1) of the *Planning Act*?

NO  YES

Are the subject lands within an area of land designated under any Provincial Plan or Plans (i.e. Oak Ridges Moraine Plan, the Greenbelt Plan or the Growth Plan)?

NO  YES

If YES, does the proposed amendment conform to the Provincial Plan or Plans?

NO  YES

**10. 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 Official Plan Amendment Application and I/we authorize \_\_\_\_\_ to make this application on my/our behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**11. AUTHORIZATION OF OWNER FOR DISCLOSURE OF PERSONAL INFORMATION**

I/We \_\_\_\_\_ am/are the Owner(s) of the property that is the subject of this Official Plan 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

**12. AFFIDAVIT TO BE SIGNED IN THE PRESENCE 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 and/or awarded by that Board 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 |
| <b>Dairy</b>      | <input type="checkbox"/> Milking Cows<br><input type="checkbox"/> Heifers  |  |              |                    |      |                   |                        |
| <b>Beef</b>       | <input type="checkbox"/> Cows (Barn confinement)<br><input type="checkbox"/> Cows (Barn with yard)<br><input type="checkbox"/> Feeders (Barn confinement)<br><input type="checkbox"/> Feeders (Barn with yard)   |  |              |                    |      |                   |                        |
| <b>Swine</b>      | <input type="checkbox"/> Sows<br><input type="checkbox"/> Weaners<br><input type="checkbox"/> Feeder Hogs  |  |              |                    |      |                   |                        |
| <b>Poultry</b>    | <input type="checkbox"/> Chicken Broiler/Roasters<br><input type="checkbox"/> Caged Layers<br><input type="checkbox"/> Chicken Breeder Layers<br><input type="checkbox"/> Pullets<br><input type="checkbox"/> Meat Turkeys (>10kg)<br><input type="checkbox"/> Meat Turkeys (5-10kg)<br><input type="checkbox"/> Meat Turkeys (<5kg)<br><input type="checkbox"/> Turkey Breeder Layers |  |              |                    |      |                   |                        |
| <b>Horses</b>     | <input type="checkbox"/> Horses  |  |              |                    |      |                   |                        |
| <b>Sheep</b>      | <input type="checkbox"/> Adult Sheep<br><input type="checkbox"/> Feeder Lambs  |  |              |                    |      |                   |                        |
| <b>Mink</b>       | <input type="checkbox"/> Adults  |  |              |                    |      |                   |                        |
| <b>Veal</b>       | <input type="checkbox"/> White Veal Calves   |  |              |                    |      |                   |                        |
| <b>Goats</b>      | <input type="checkbox"/> Adult Goats<br><input type="checkbox"/> Feeder Goats  |  |              |                    |      |                   |                        |
| <b>Other</b>      | <input type="checkbox"/><br>( _____ )  |  |              |                    |      |                   |                        |

Owner of Livestock Facility: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

The above information was prepared by: \_\_\_\_\_

Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date