



## Township of Drummond/North Elmsley **APPLICATION FOR OFFICIAL PLAN AMENDMENT**

310 Port Elmsley Road, R.R. #5 Perth, ON K7H 3C7  
(p) 613-267-6500 (f) 613-267-2083 www.dnetownship.ca

|  |   |                       |                                  |
|--|---|-----------------------|----------------------------------|
| <p><b>Note:</b> All questions on this application must be answered or the application will be deemed incomplete and returned.</p> <p>Prior to submitting this application, property owners and agents are encouraged to pre-consult with the Township Planner.</p> | <b>OFFICE USE ONLY</b>  |                       |                                  |
|  | Date Received:  |                       | Receipt No.                      |
|  | Application Complete?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Date deemed complete: | File No. <b>OP-</b> ___ - ___    |
|  | Additional Information Required:  |                       | Fee Paid (date):                 |
|  |   |                       | Proposed Committee Meeting Date: |

*(To be submitted to the Township Office with the required **DEPOSIT of \$1500.00**)*

**The undersigned** hereby applies to the Township Of Drummond/North Elmsley under Section 21 of the *Planning Act* for amendment to the Official Plan in respect of lands herein described, as outlined in this application.

**The undersigned** hereby acknowledges that the filing of this application alone does not necessarily constitute fulfilling all the requirements of either the Township or the *Planning Act*.

**1. Name of Property Owner(s)** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Email \_\_\_\_\_

**2. Name of Applicant/Agent** \_\_\_\_\_

Note: If Applicant/Agent is different than Property Owner, the Owner's Authorization is required (see page 6)

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Correspondence should be directed to:**

Property Owner       Applicant/Agent       Both

**3. Description of subject land:**

Lot(s) \_\_\_\_\_ Concession(s) \_\_\_\_\_ Ward \_\_\_\_\_

Reference Plan \_\_\_\_\_ Part(s) \_\_\_\_\_

Registered Plan \_\_\_\_\_ Lot/Block(s) \_\_\_\_\_

Assessment Roll Number 0919- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address (No. /Rd. Name) \_\_\_\_\_

Dimensions of subject land: Frontage \_\_\_\_\_ Depth \_\_\_\_\_ Area \_\_\_\_\_

Survey Attached: Yes  No

Approximate area covered by proposed amendment (if different from above): Area \_\_\_\_\_

**4. Date of acquisition of property by current owner:** \_\_\_\_\_

**5. Names and addresses of any mortgages, charges or other encumbrance holders on property:**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**6. (a) Current Official Plan designation (including any mapped constraints):**

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

**(b) Land uses authorized by current Official Plan designation**

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

**7. (a) Check the best descriptions of the proposed amendment to the Official Plan:**

Policy

Designation

(i) changes policy \_\_\_\_\_

(i) changes land use designation \_\_\_\_\_

(ii) replaces policy \_\_\_\_\_

(ii) replaces land use designation \_\_\_\_\_

(iii) deletes policy \_\_\_\_\_

(iv) adds policy \_\_\_\_\_

(b) Specify the policy (text) proposed to be changed/replaced/deleted:  
(Attach and reference additional page(s) if required. If no text to be changed, enter "N/A")

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(c) Specify the land use designation (mapping schedule) to be changed/replaced:  
(If mapping not to be changed, enter "N/A")

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8. If application is submitted concurrent to a Zoning By-law Amendment Application, please specify file number of Zoning Amendment Application.

File number: ZA- \_\_\_\_ - \_\_\_\_

9. (a) Purpose of the proposed Official Plan amendment:  
(Attach additional page(s) if required)

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(b) Land uses authorized/permitted by proposed Official Plan amendment:

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10. If the proposed amendment changes or replaces a "Schedule" (map land use designation) of the Official Plan, please attach proposed replacement schedule (map), including accompanying text

Attached       Not Attached       Not Applicable

11. If the proposed amendment changes, replaces, deletes or adds a "Policy" (text) of the Official Plan, please attach the text of the proposed amendment:

Attached       Not Attached       Not Applicable

12. Is the subject land or any land within 120 metres of the subject land the subject of an application for approval of an Official Plan amendment, a zoning by-law amendment, a minister's zoning order amendment, a minor variance, a plan of subdivision, a consent or a site plan?

Yes       No       Unknown  (See Township for more information)

**13. If the answer to question 12 is yes, please provide the following information:**

File Number(s) \_\_\_\_\_ Approval Authority \_\_\_\_\_

Lands affected by application:

Geographic Township \_\_\_\_\_ Lot(s) \_\_\_\_\_ Concession(s) \_\_\_\_\_

Registered Plan \_\_\_\_\_ Lot(s) \_\_\_\_\_ Reference Plan \_\_\_\_\_ Part(s) \_\_\_\_\_

Street Address \_\_\_\_\_ Assessment Roll Number \_\_\_\_\_

Purpose of Application: \_\_\_\_\_

Status of Application: \_\_\_\_\_

Effect of application on proposed Official Plan amendment: \_\_\_\_\_

**14. Type of water provided to the subject land: (check appropriate space(s))**

|  | Existing | Proposed |
|--|----------|----------|
| Publicly owned/operated piped water system |          |          |
| Privately owned/operated communal well     |          |          |
| Privately owned/operated individual well   |          |          |
| Other (please specify)                     |          |          |

**15. Type of sewage disposal provided to the subject land: (check appropriate space(s)):**

|  | Existing | Proposed |
|--|----------|----------|
| Publicly owned/operated sanitary sewage system |          |          |
| Privately owned/operated septic system         |          |          |
| Privy, or other means (please specify)         |          |          |

**16. Would the proposed amendment permit development on a privately owned and operated individual or communal septic system that results in more than 4500 litres of effluent being produced per day upon completion of the development?**

Yes  No

If yes, please attach (a) a *servicing options report* and (b) a *hydrogeological report*.

Attached  Not Attached  Not Applicable

**17. Is the proposed amendment consistent with the Provincial Policy Statement issued under section 3(1) of the *Planning Act*?**

Yes  No  Planning Rationale Attached

(Please attach any planning rationale or justification provided in support of this application.)

**18. (a) Is the subject land within an area of land designated under any provincial plan or plans?**

Yes  No

**(b) If yes, does the proposed amendment conform to the provincial plan or plans?**

Yes  No

**19. Does this amendment also require a concurrent amendment to the Lanark County Sustainable Communities Official Plan?**

Yes  No  Unknown  (See Township for more information)

**AFFIDAVIT/SWORN DECLARATION OF APPLICANT**

*(Must be Completed & Witnessed\*)*

I/We, \_\_\_\_\_

of the \_\_\_\_\_ of \_\_\_\_\_ in the \_\_\_\_\_

of \_\_\_\_\_ make oath, say and solemnly declare that the information contained in this application and in the accompanying documents is true, acknowledging that it is of the same force and effect as if made under oath and by virtue of "The Canada Evidence Act".

\_\_\_\_\_  
*Signature of Applicant\**

\_\_\_\_\_  
*Signature of Applicant\**

**Sworn** before me at the \_\_\_\_\_ of \_\_\_\_\_ in the  
\_\_\_\_\_ of \_\_\_\_\_ this \_\_\_ day of \_\_\_\_\_ 20\_\_.

Commissioner of Oaths

**OWNER'S AUTHORIZATION FOR AGENT TO MAKE APPLICATION**

*(Must be completed if agent appointed)*

I/We, \_\_\_\_\_  
am/are the owner(s) of the land that is subject of this application for an amendment to the Official Plan and I/We authorize \_\_\_\_\_ to make this application on my/our behalf.

\_\_\_\_\_  
*Signature of Owner(s)\**

\_\_\_\_\_  
*Signature of Owner(s)\**

\_\_\_\_\_  
Date

**Forward COMPLETED APPLICATION with required FEE**

(payable: Township of Drummond/North Elmsley) **to:**

Township of Drummond/North Elmsley, 310 Port Elmsley Road, R.R. #5, Perth, ON  
K7H 3C7

**Provide Township with Agency forms/fees**, unless otherwise arranged with Township.

- \* To be witnessed by a Commissioner for taking affidavits.
- \* If joint ownership, signature of each individual is required.
- \* If the applicant is a corporation, the application shall be signed by an Officer of the corporation and the corporation's seal shall be affixed to such signature.

**FREEDOM OF INFORMATION/ACCESS TO PROPERTY  
CONSENT OF OWNER**

I/we, \_\_\_\_\_, are the registered owner(s) of the lands subject to this application for Minor Variance, and, for the purposes of the *Freedom of Information and Protection of Privacy Act*, I/we hereby 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. I also authorize and consent to representatives of the Township of Drummond/North Elmsley and the persons and public bodies conferred with under Section 45 of the *Planning Act* entering upon the lands that are the subject of this application for the purpose of conducting any site inspections as may be necessary to assist in the evaluation of this application.

Date: \_\_\_\_\_ Signature of Owner(s): \_\_\_\_\_

\_\_\_\_\_

**PLANNING APPLICATION- NO COSTS TO TOWNSHIP**

File # \_\_\_\_\_

**The owner(s)**, \_\_\_\_\_, hereby recognize(s) that the deposit made on this application will be used to process said application, and further, agree(s) to pay any additional costs as may be necessary, as set out in the current Tariff of Fees By-Law of the Township. The fee for processing planning applications will be an amount equal to the amount incurred by the Township. Costs incurred by the Township and/or Committee of Adjustment shall include but not be limited to internal administration fees, notice publication, legal and professional consultation (if applicable), and Ontario Municipal Board fees and costs for planning / legal counsel (if applicable).

All costs incurred by the Township shall be the responsibility of the property owner(s)

Date: \_\_\_\_\_ Signature of Owner(s): \_\_\_\_\_

\_\_\_\_\_