

APPLICATION FOR ZONING BY-LAW AMENDMENT

Corporation of The Town of Smiths Falls 77 Beckwith Street N, ON K7A 2B8, P.O. Box 695 Phone: 613.283.4124 Fax: 613.283.4764

Information Sheet

1. Completion of Application

All applicable information, including supporting studies, requested throughout any pre-consultation must be provided to conduct an initial review. The initial review of the application will determine if any other information is required.

Note: Prior to submitting this application, applicants are <u>required</u> to pre-consult with the Town's Planning Department to discuss application and project requirements.

2. Statutory Declaration

The application requires a Statutory Declaration which must be declared in the presence of a Commissioner for taking affidavits. The Declaration can be found on page 9.

3. Planning Rationale

The application must be accompanied by a written rationale which provides a complete explanation of the requested amendment within context of the Town's Official Plan, Zoning Bylaw and Provincial Policy Statement (2020).

4. Required fee

The cost of a Zoning By-law Amendment application is \$2000, payable to the Town of Smiths Falls by cash, debit or certified cheque. The fee is required upon submission of the application.

5. External Agencies

External agencies will be circulated on the application as part of the technical review process. This may result in additional incurred costs beyond the application fee. These agencies will invoice owners/applicants directly for services rendered.

The Rideau Valley Conservation Authority (RVCA) requires an initial fee of \$425, payable by certified cheque to the Rideau Valley Conservation Authority. The RVCA review fee, must be submitted with the application to the Town of Smiths Falls. Should the RVCA incur costs beyond the initial review fee which are associated with the application, the costs may be invoiced to the applicant.

6. Submission

The applicant must forward two (2) physical copies and an electronic version of the application and all supporting documentation to the Planning Department.

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www.smithsfalls.ca

Office Use	File #	Date Received:	Complete Date:	Fee Paid/Date:
Falls for respect supporti applicati	an amendn of the lan ing docume	nent to the Town's Zo ds hereinafter des ents. The undersign oes not necessarily o	Council of the Corporation oning By-law under section scribed, as outlined in ed hereby acknowledges constitute fulfilling all the r	n 34 of the <i>Planning Act</i> in n this application and that the filing of this
1. Own	ership Info	mation		
Registe	ered Owner's	Name(s):		T
Mailing	Address:			
Telepho	one - Main:		Alternate:	
Email:				
Date Pr	operty Acqu	ired by the Current O	wner (if known):	
Copy of	f the deed m	ust be submitted with	n the application.	
2. Appli	icant Inforn	nation		
Applica	nt/Agent Na	me:		
Where in		• •	Owner, the Owner's Authorizatio all communications relating to tl	
Telepho	one - Main:		Alternate:	
Email:				

Agent

Both

Owner

Please Contact

APPLICATION FOR AMENDMENTS TO THE OFFICIAL PLAN AND ZONING BY-LAW

(Sec 22 and 34, Planning Act RSO 1990)

3. Interest in the Subject Property Please provide the names and addresses of any mortgages, charges or other encumbrance holders on the property: 4. Description of Subject Lands Geographic Twp: Lot(s): Concession(s): Lot/Block: Ref. Plan: Reg. Plan: Part(s): Roll Number: 0904-Street Address: Frontage: (m) Depth: (m) (m^2) Area: **Type of Access:** (check appropriate box) Provincial Highway/Connecting Link (Lombard and Cornelia St) Municipal Road (maintained year around) Right-of-way (private road) Municipal Road (seasonally maintained) Water Access Only (Specify parking/docking facilities) Other (explain):-Is there any easements or covenants currently restricting this property: | Yes No If yes, please describe: Are the lands within an area designated under provincial plan(s)? No

If yes, please include an explanation in the Planning Rationale.

Attached

5. Existing Use of Land (give detailed des	scriptio	n)		
	7		100) A B S V
			436) m @ C) _ c
Length of Time uses have continued (if know	vn):		E)	
6. Present Zoning Category(ies)				
				्
7. Present Official Plan Designation(s)				
7. Fresent Official Flan Designation(s)				
Note: The required planning rationale should the Official Plan designation.	d asses	s how the p	proposed us	e complies with
8. Detail of Proposed Zoning Amendmen	nt (che	ck all that a	pply)	
Please, describe the proposed use and the na Include any section(s) of the By-law proposed	ature/e d to be	extent of the added, rem	e proposed noved or ch	zoning amendment. anged.
Mapping Change	т	ext Change		Both
If applicable, proposed text changes must be	e includ	led in the Ra	ationale.	

9. Description of Existing Buildings/Structures (add a seperate sheet if necessary)

Note: All measurements must be privided in meters. Proposed for demolition 1. Existing: Building/Structure Use______ No. of Storeys ______ Date of Construction Ground Floor Area Gross Floor Area Width _____ Length ____ Height ____ Setbacks: Side Yards (R) (L) Rear Yard Front Yard Proposed for demolition 2. Existing: Building/Structure Use______ No. of Storeys _____ Date of Construction _____ Ground Floor Area _____ Gross Floor Area Width Length Height Setbacks: Side Yards (R) (L) Rear Yard Front Yard Proposed for demolition 3. Existing: Building/Structure Use ______ No. of Storeys _____ Date of Construction _____ Ground Floor Area ____ Gross Floor Area Width _____ Length ____ Height ____ Setbacks: Side Yards (R) (L) Rear Yard Front Yard

APPLICATION FOR ZONING BY-LAW AMENDMENT

(Sec 34, Planning Act RSO 1990)

10. Description of Proposed Building/Structure (add a seperate sheet if necessary)

Note: All measurements must be privided in meters. 1. Proposed: Building/Structure Use No. of Storeys Date of Construction Ground Floor Area Gross Floor Area Width_____ Length _____ Height _____ Setbacks: Side Yards (R) (L) Rear Yard ______ Front Yard ____ 2. Proposed: Building/Structure Use______No. of Storeys_____ Date of Construction_____ Ground Floor Area_____ Gross Floor Area Width _____ Length ____ Height ____ Setbacks: Side Yards (R) (L) Rear Yard Front Yard 3. Proposed: Building/Structure Use No. of Storeys Date of Construction Ground Floor Area Gross Floor Area Width _____ Length ____ Height ____ Setbacks: Side Yards (R) (L) Rear Yard Front Yard 11. Municipal Services/Storm Drainage **Water Supply:** Water Available Connected Sanitary Sewer Available Connected

6

Yes, servicing report or h	ydrogeolog	gical report at	tached	No
Is the storm drainage provide	d by sewer	rs, ditches, sw	ales or other me	eans? Please specify.
12. Application History				
a) Is the subject property subj	ect to any	of the followir	ng applications?	
Application	Yes	No	Unknown	File # and Status
Official Plan Amendment				
Zoning By-law Amendment				
Plan of Subdivision				
Site Plan Control				
Consent (Severance)				
Minor Variance				
Other (Please specify)				
b) Has the subject land ever be subdivision under Sec. 51 of t				
Yes		No		
If yes, please indicate the file	number ar	nd status of th	e application:	
File No.		Status		

13. Supplementary Information (to be attached to this application)

for the application. If applicable, include	proposed Zoning By-law Amendment and reasons how the proposed Zoning By-law Amendment nent (PPS) issued under subsection 3(1) of the
Attached	
Site Plan: Attach a to-scale sketch/drawing a the subject lands:	ccurately displaying the below information for
 their distance from all property lines The approximate location of any natural lands which may affect the application. Explication ditches, wetlands, treed, wells, septic tanks The current uses on the adjacent lands The location, name and width of any road 	or artificial features on the property or adjacent cand proposed buildings and structures, indicating or artificial features on the property or adjacent camples: railways, roads, watercourses, drainage, is and municipal services abutting or within the subject property y or unopened road allowances abutting or within
Attached	
	al of water supply by Health Unit and/or Ministry disposal facilities by Health Unit and/or Ministry of
Attached	□ N/A
Additional Information: Other supporting i application, as outlined in the consultation.	nformation that may be required to support this
Copy of Transfer Document/Deed Attac	thed
Copy of Existing Survey or Plan, if appli	cable
Proposed Public Consultation Strategy	Attached
Please provide large plans folded instead of	rolled.

Statutory Declaration			
I/We,in the country/district/region of	of (the	town/township)_ so	lemnly declare that:
i) All above statements and the information information transmitted herewith are true, a believing it to be true and knowing that it is and by virtue of the Canada Evidence Act;	nd I/we make	this solemn decla	ration conscientiously
ii) The Corporation of the Town of Smiths their designates are authourized to enter th application so long as the file remains open	ne property fo		
iii) Should the Corporation of the Town of S the application fee which are associated with reimbursing such costs to the Town upon in	n the applicati		
	Declared be	efore me at the t	town/township of
Signature of Applicant	in the Coun	ty/District/Regi	on of
Signature of Applicant	This	Day of	, 20
	Commission	ner of Oaths	
*To be witnessed by a Commissioner for ta individual is required.If the applicant is a cor of the corporation and the corporation'ssea	poration, the	application shall l	oe signed by an Officer
Owner's Authorization for Agent to Ma	ake Applicati	i on (Complete if A	Agent Appointed)
l/We, and that is subject of this application for am l, We authorize	nendment to	am/are the c the Zoning By-lav	owner(s) of the land v; and,
to make this application on my/our behalf.			
Signature of Owner(s)		Date	
Signature of Owner(s)		Dato	