# SMITHS FALLS RISE AT THE FALLS

## **APPLICATION FOR OFFICIAL PLAN 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 preconsultation 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 strongly advised 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 7.

## 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 and Provincial Policy Statement (2020).

## 4. Required fee

The cost of an Official Plan Amendment application is \$2500, 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 \$820, 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:	9	Complete Date:	Fee Paid/Date:
for an am the lands undersign constitute	nendment to the hereinafter des ned hereby ackr	e Town's Official scribed, as outling nowledges that e requirements o	Plan ur ned in tl the filing	nder section 22 c nis application a	on of the Town of Smiths Falls of the <i>Planning Act</i> in respect of and supporting documents. The sion alone does not necessarily a <i>Planning Act</i> .
	ed Owner's Nan				T
	Address:				
Telepho	ne - Main:			Alternat	e:
Email:					
Date Pro	perty Acquired	by the Current	Owner (	if known):	
Copy of	the deed must l	oe submitted wi	th the a	pplication.	
2. Appli	cant Informatio	on			
Applican	t/Agent Name:				
Applicant/A	olicant/Agent is difference all conditions and conditions and conditions are all conditio				n page 7 is required. Where indicated, the
Telepho	ne - Main:			Alternate	::
Email:					

Both

Please Contact

3. Interest in the Subject Property						
Please provide the	ne names and addresses erty:	of any mortgages, cha	rges or other en	cumbrance		
			راللك			
				(5)		
4. Description	of Subject Lands					
Geographic Twp	: Lot(s):		Concession(s):			
Ref. Plan:	Lot/Block:	Ref. Plan:	Part	t(s):		
Street Address:		Roll Number:	0904-			
Frontage:	(m) Depth:	(m)	Area:	(m²)		
Type of Access:	(check appropriate box)					
☐ Municipal ☐ Right-of-w ☐ Municipal	Highway/Connecting Lin Road (maintained year a ay (private road) Road (seasonally mainta ess Only (Specify parking	ined)	lia St)			
☐ Other (exp		<u> </u>				
Is there any ease	ements or covenants curi	rently restricting this pr	roperty: Yes	s No		
If yes, please des	scribe:					
Are the lands wit	:hin an area designated ι	under provincial plan(s	s)?	□No		
If yes, please incl	If yes, please include an explanation in the Planning Rationale.  Attached					

(220)		7
5. Existing Use of Land (give detailed description	1)	
7/1		Sh C
	(20 a	
6. Present Zoning or Development Permit Cate	gory(ies)	4/6
	لراللك ا	
7. Present Official Plan Designation(s)		1
		C
Please indicate the land uses authorized by the exist	ting Official Plan designation.	
8. Details of Proposed Official Plan Amendmen	t	
i) Does the requested amendment add, replace, ame	end or remove policy?	
Add Replace Amend Ren	nove	
Please include the policy to be added, replaced, ame	ended or removed in the rational	e.
Proposed text changes outlined in rationale		
N/A (Mapping Change Only)		
ii) Which land uses will the Official Plan Amendment	authorize?	
iii) Does the requested amendment replace or amer	nd a designation in the Official Pl	an
Yes, proposed changes detailed in rationale		
□ N/A		
iv) Does the requested amendment alter an existing	boundary or establish a new bo	undary
for a settlement area?  Yes, Official Plan policies to address the alteration	on or new houndary detailed in r	ationale
N/A	J. Herr soundary detailed in the	
v) Does the requested amendment remove the subj	ect land from an area of employ	ment?
Yes, Official Plan policies to address the remova	l detailed in rationale.	
□N/A		

9. Municipal Services/Storm Drainage					
Water Supply:					
☐ Water Ava	ailable		Connected		
Sanitary S	ewer Avail	able	Connected		
f requested amendment permits development on a privately owned and operated individu- il communal septic system, would more than 4,500 liters of effluent be produced per day as a result of the development being completed?					
Yes, servicing report or hy	/drogeolog	ical report at	tached.	☐ No	
Is the storm drainage provide	ed by sewe	rs, ditches, sw	vales or other me	eans? Please specify.	
10. Application History					
<b>a)</b> Is the subject property or la	and within	120 m subjec	t to any of the fo	ollowing 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>b)</b> If the answer to any application listed under question 10.a) is "yes", please identify the land the application effects and its purpose and effect on the requested amendment.
11. Supplementary Information (to be attached to this application)
<b>Planning Rationale:</b> Rationale from the applicant or agent explaining the proposed Official Plan Amendment and reasons for the application. If applicable, describe how the proposed Official Plan Amendment conforms with the Provincial Policy Statement (PPS) issued under subsection 3(1) of the <i>Planning Act</i> and includes the information outlined in Question #8.
<b>Additional Information:</b> Other supporting information that may be required to support this application, as outlined in the consultation.
Copy of Transfer Document/Deed Attached
Copy of Existing Survey or Plan, if applicable
Proposed Public Consultation Strategy Attached
Please provide large plans folded instead of rolled.

Statutory Declaration				
I/We, in the country/district/region of	of (t	he town/township)solo	emnly declare that:	
i) All above statements and the information information transmitted herewith are true, believing it to be true and knowing that it is and by virtue of the Canada Evidence Act;	and I/we m	d in this application an ake this solemn declar	d all of the additiona ation conscientiously	
ii) The Corporation of the Town of Smith their designates are authorized to enter the application so long as the file remains open	e property			
iii) Should the Corporation of the Town of the application fee which are associated win reimbursing such costs to the Town upon i	th the appl invoice.		sponsible for	
Signature of Applicant	in the County/District/Region of			
Signature of Applicant	This	Day of	, 20	
	Commis	ssioner of Oaths		
*To be witnessed by a Commissioner for to individual is required. If the applicant is a coof the corporation and the corporation's second the corporation of the corporation and the corporation of the corporation and the corporation of the co	rporation, eal shall be	the application shall be affixed to such signa	e signed by an Office ture.	
l/We,and that is subject of this application for a		am/are the o	wner(s) of the land	
l, We authorize to make this application on my/our behalf.				
Signature of Owner(s)		Date		
Signature of Owner(s)		Date		