



THIS APPLICATION PACKAGE MUST BE SUBMITTED TO:

Department of Development Services
 Corporation of the Municipality of Leamington
 111 Erie Street North
 Leamington, Ontario N8H 2Z9

APPLICATION FOR SITE PLAN APPROVAL

OFFICE USE ONLY		
Date Pre-consultation Initiated: _____		
Date Application Received: _____		
Amount Paid: _____	Receipt # _____	Date _____
<u>Concurrent Applications Filed</u>		
<input type="checkbox"/> Official Plan Amendment (Attach appropriate form)	File No. _____	
<input type="checkbox"/> Zoning By-law Amendment (Attach appropriate form)	File No. _____	
<input type="checkbox"/> Other (Specify) _____	(Attach appropriate form and fees)	

This application and required supporting material must be filed with the Department of Development Services and must be accompanied by the required application fee payable to the Municipality of Leamington. This application must be completed in full and must be accompanied by the required sketch (as set out in Section 10) and such other information or studies required by the Municipality. Only a complete application will be accepted. An application which is not considered to be complete under the Planning Act is not subject to the timelines of the Act. Applicants are encouraged to consult with the Municipality prior to completing the application.

1.0 APPLICANT INFORMATION		
1.1 Name of Owner(s). An owner's authorization is required in Section 11, if the applicant is not the owner. Additional Owner(s) may be put on back of this page.		
Name of Owner(s)	Home Telephone No.	Business Telephone No.
Mailing Address	Postal Code	Fax No.
Email:		Cell No.
Name of Lawyer	Business Telephone No.	Ext.
Address	Postal Code	Fax No.
Email:		Cell No.

1.2 Agent/Applicant: Name of the person who is to be contacted about the application. If different than the owner. (This may be a person or firm acting on behalf of the owner. See Section 8). Please indicate all parties involved i.e. Solicitor, Engineer, Planner, Surveyor, etc.

Name of Contact Person/Agent	Home Telephone No.	Business Telephone No.
Mailing Address	Postal Code	Fax No.
Email:		Cell No.
Name of Contact Person/Agent	Home Telephone No.	Business Telephone No.
Address	Postal Code	Fax No.
Email:		Cell No.
Name of Contact Person/Agent	Home Telephone No.	Business Telephone No.
Address	Postal Code	Fax No.
Email:		Cell No.

1.3 Indicate to whom correspondence is to be sent
Owner Authorized Agent Other (please specify) _____

1.4 Indicate any mortgages, holders of charges or other encumbrances with respect to the subject property (attach a separate page if required).

Name	Telephone No.	Ext.
Address	Postal Code	Fax No.

2.0 LOCATION OF THE SUBJECT LAND

Municipal Address			
Concession Number(s)	Lot Number(s)	Registered Plan No.	Lot(s)/Block(s)
Reference Plan No.	Part Number(s)	Parcel Number(s)	Former Township/Town
Assessment Roll No.			

3.0 EASEMENTS
Are there any easements or restrictive covenants affecting the subject lands?
<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If Yes, describe the easement or covenant and its effect.</i> _____ _____ _____

4.0 DESCRIPTION OF THE PROPERTY AND SERVICING INFORMATION		
4.1 Lot Dimensions		
Lot Frontage (m)	Lot Depth (m)	Lot Area (ha)
4.2 Access (Check appropriate box and state road name): <input type="checkbox"/> Provincial Highway (#) _____ <input type="checkbox"/> Municipal road, maintained year round _____ <input type="checkbox"/> Municipal road, seasonally maintained County Road _____ <input type="checkbox"/> Private Road <input type="checkbox"/> Right of way <input type="checkbox"/> Water Access		
4.3 If water access only, describe the location of parking and docking facilities to be used and the distance from the subject lands. Indicate whether parking is public or private. _____ _____		
4.4 Water Supply (Check appropriate box for type of service proposed): <input type="checkbox"/> Publicly owned and operated piped water system <input type="checkbox"/> Privately owned and operated piped water system (communal) <input type="checkbox"/> Drilled well <input type="checkbox"/> Sand point <input type="checkbox"/> Lake or other water body <input type="checkbox"/> Other means (please state) _____ <input type="checkbox"/> Water service not proposed		
4.5 Sewage Disposal (Check appropriate box for type of service proposed): <input type="checkbox"/> Publicly owned and operated sanitary sewage system <input type="checkbox"/> Privately owned and operated individual septic system* <input type="checkbox"/> Privately owned and operated communal septic system* <input type="checkbox"/> Privy <input type="checkbox"/> Holding tank <input type="checkbox"/> Other (please state) _____ <input type="checkbox"/> Sewage disposal service not proposed * If either of these items checked, please see Section 4.8.		
4.6 Other Services (Check if the service is available): <input type="checkbox"/> Electricity <input type="checkbox"/> School bussing		

<input type="checkbox"/> Garbage collection
4.7 Storm Drainage (Indicate the proposed storm drainage system):
<input type="checkbox"/> Storm sewers
<input type="checkbox"/> Ditches
<input type="checkbox"/> Swales
<input type="checkbox"/> Other (please state) _____
4.8 Where development will produce more than 4500 litres of effluent a day, applicants are required to submit a servicing options report and a hydrogeological report:
<input type="checkbox"/> Title and date of servicing options report: _____
<input type="checkbox"/> Title and date of hydrogeological report: _____

5.0 OFFICIAL PLAN
a. What is the land use designation of the site in the approved Official Plan? _____
b. Does the proposal conform to the Official Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO
c. If NO, has a separate application for an Official Plan Amendment been made? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, what is the file number? _____

6.0 ZONING BY-LAW
a. Is the land covered by a Minister's zoning order? <input type="checkbox"/> YES <input type="checkbox"/> NO
b. What is the current zoning on the subject lands? _____
c. Does the proposed plan conform to the existing zoning? <input type="checkbox"/> YES <input type="checkbox"/> NO
d. If NO, have you made a concurrent application for rezoning? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, what is the file number? _____

7.0 OTHER APPLICATIONS UNDER THE PLANNING ACT
Have you made any other applications for the subject lands? <input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please indicate:
<input type="checkbox"/> Part Lot Control File# _____ Status: _____
<input type="checkbox"/> Minor Variance File # _____ Status: _____
<input type="checkbox"/> Draft Plan of Subdivision File # _____ Status: _____
<input type="checkbox"/> Draft Plan of Condominium File # _____ Status: _____
<input type="checkbox"/> Other (Specify) File # _____ Status: _____

8.0 NATURE OF PROPOSAL OR PROPOSED USE(S) OF PROPERTY AND ANY BUILDINGS
Be as specific as possible in describing how the land and structure(s) will be used and whether you intend to construct new, add to existing, alter the site, demolish, etc. If additional space is required, please attach a separate page.

8.1 Existing Use of Abutting Properties:

North: _____ South: _____

East: _____ West: _____

9.0 DEVELOPMENT INFORMATION

9.1 Total Building Coverage (ground floor area measured from outside walls):

i) Main Building

Proposed _____ m² (_____ ft.²) + Existing _____ m² (_____ ft.²) =

Total _____ m² (_____ ft.²) (_____ % of lot area)

ii) Accessory Buildings

Proposed _____ m² (_____ ft.²) + Existing _____ m² (_____ ft.²) =

Total _____ m² (_____ ft.²) (_____ % of lot area)

9.2 Total Building Area (all floors measured from outside walls):

i) Main Building

Proposed _____ m² (_____ ft.²) + Existing _____ m² (_____ ft.²) =

Total _____ m² (_____ ft.²) (_____ % of lot area)

ii) Accessory Buildings

Proposed _____ m² (_____ ft.²) + Existing _____ m² (_____ ft.²) =

Total _____ m² (_____ ft.²) (_____ % of lot area)

9.3 Building Height:

i) Main Building

Proposed _____ m (_____ ft.) Existing _____ m (_____ ft.)

ii) Accessory Building

Proposed _____ m (_____ ft.) Existing _____ m (_____ ft.)

9.4	Sign	<p>i) Type of Sign/Description _____ _____</p> <p>ii) Surface Area _____ m² (_____ ft²)</p>
9.5	Loading Spaces:	No. _____
	Typical Dimensions (m):	Length _____ Width _____ Vertical Height Clearance _____
9.6	Parking	<p>No. of Spaces proposed _____ No. of spaces required _____</p> <p>No. of Barrier Free Spaces proposed _____</p> <p>No. of Barrier Free Spaces required _____</p> <p>Typical Dimension Proposed (Standard) Length _____ Width _____</p> <p>Typical Dimension Required (Standard) Length _____ Width _____</p> <p>Typical Dimension Proposed (Barrier Free) Length _____ Width _____</p> <p>Typical Dimension Required Barrier Free Length _____ Width _____</p>
9.7	Estimated Date of Construction for Existing Buildings	
	Main Building	_____ / _____ / _____ mm/dd/yyyy
	Accessory Building(s) 1.	_____ / _____ / _____ mm/dd/yyyy
	2.	_____ / _____ / _____ mm/dd/yyyy
	Estimated Start Date of Construction	_____ / _____ / _____ mm/dd/yyyy
	Estimated Completion Date of Construction	_____ / _____ / _____ mm/dd/yyyy
	Estimated Value of Construction	\$ _____

10.0 SUPPORTING INFORMATION

The following must be submitted to the Department of Development Services along with this application form:

- i) Application fee payable to the Municipality of Leamington
- ii) Property Survey Plan **1 copy**
- iii) Site Plan **3 full size copies**
1 reduced size
1 emailed pdf copy
- iv) Site Servicing Plan **3 copies**
- v) Grading and Drainage Plan **3 copies**
- vi) Site Lighting Plan (Commercial and Industrial only) **2 copies**
- vii) Studies/Approvals required by Municipality **Contact Planner**
for Requirements
- viii) Agency Approvals i.e. MOE, MTO, MNR, DFO, CA, County of Essex; Certificate of Insurance; Financial Security

11.0 AUTHORIZATION

11.1 AUTHORIZATION FOR AGENT TO MAKE THE APPLICATION

If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the applicant is authorized to make the application must be included with this form or the authorization set out below must be completed.

I/We _____ being the registered owner(s) of the land described herein, am (are) aware of the intended use as requested herein and have no objection to this application being submitted.

Registered Owner (s)

Date

11.2 AUTHORIZATION OF OWNER FOR AGENT TO MAKE THE APPLICATION

If the applicant is not the owner of the land that is the subject of this application, complete the authorization of the owner concerning personal information set out below.

I, _____, am the owner of the land that is the subject of this application and for the purposes of the Municipal Freedom of Information and Protection of Privacy Act, I authorize _____ as my agent for this application, to provide any of my personal information that will be used in this application or collected during the processing of the application.

Date

Signature of Owner

11.3 CONSENT OF THE OWNER

Complete the consent of the owner concerning personal information below.

CONSENT OF THE OWNER TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION

I, _____, am the owner of the land that is the subject of this application and for the purposes of the Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or 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.

Date

Signature of Owner

12. ADDITIONAL STUDIES OR INFORMATION

Additional studies or information may be required by the Municipality to support the application. The application may not be considered a complete application unless these studies have been completed. Applicants are advised to pre-consult with the Municipality to determine what additional studies or information is required (*e.g. Environmental Impacts Study, Hydrogeological Report, Servicing Options Report, Traffic Study, Market Area Study, Aggregate License Report, Stormwater Management Report, Impact Assessment, etc.*).

List of Additional Studies or information required by the Municipality as a result of preconsultation meeting:

- _____
- _____
- _____

13.0 DECLARATION

NOTE: ALL APPLICANTS SHALL ENSURE THAT A 'COMPLETE APPLICATION' UNDER THE PLANNING ACT HAS BEEN MADE BEFORE COMPLETING THIS DECLARATION

I hereby declare that the information contained in this application and on the attached plan and any associated information submitted with this application are, to the best of my knowledge, a true and complete representation of the purpose and intent of this application.

Sworn (or declared) before me

at the _____

in the _____

this _____ day of _____, 20_____

Commissioner of Oaths

Applicant or Agent