

SITE PLAN APPLICATION

OFFICE USE ONLY

Date Received: _____

(YY/MM/DD)

Date Complete: _____

(YY/MM/DD)

File Number _____ Fees Paid: _____ Application Deposit Paid: _____

1. Applicant Information

Complete the information below and indicate one contact as the Primary Contact.

If the registered owner is a numbered company, please provide name(s) of the principal owner/president.

Registered Owner Information

Name: _____

Contact Name: _____

Telephone: _____

Email: _____

Agent Information

Firm Name: _____

Contact Name: _____

Telephone: _____

Email: _____

Solicitor

Firm Name: _____

Contact Name: _____

Telephone: _____

Email: _____

Engineer

Firm Name: _____

Contact Name: _____

Telephone: _____

Email: _____

2. Location of Property

Municipal Address _____

If no municipal address, please provide a legal description:

Lot(s)/Block(s) Number: _____ Registered Plan Number: _____

Former Township: _____

2.1 List any easements or right-of-ways on the property:

2.2 Property Description of Subject Property (in metric units)

Frontage: _____ Depth: _____ Area: _____

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3. Policy Details

3.1 What is the **County or Township Official Plan** land use designation on the subject property?

3.2 What is the current **Zoning** on the subject land (list By-law reference)?

4. Existing and Previous Uses of the Subject Lands

4.1 What is the existing use of the subject lands?

4.2 List any existing Buildings or Structures on the Property:

Buildings or Structures	Front Yard Setback	Rear Yard Setback	Side Yard Setback	Side Yard Setback	Centre Line Setback from road(s)	No. of Storeys	Building Height	Ground Floor Area

* Indicate any buildings or structures which are proposed to be removed/demolished

4.3 Is the Subject Land (or buildings) subject to a Demolition Control By-law or is it either Designated or Identified for possible Designation under the **Ontario Heritage Act**?

5. Proposed Use of Subject Lands (attach any additional information on separate page)

5.1 What is the Proposed use of the Subject Lands?

5.2 Property and Proposed Building details:

Provide details in this column

Lot Area (in square metres)	
Front Yard Setback (in metres)	
Rear Yard Setback (in metres)	
Side Yard Setback (in metres)	
Side Yard Setback (in metres)	
Ground Floor Area	
Total Gross Floor Area By Use	
Number of Storeys	



Centre Wellington

Planning and Development Department
Township of Centre Wellington
1 MacDonald Square
Elora, ON N0B 1S0
www.centrewellington.ca

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Building Area	
Maximum Building Height - Principle Building	
Maximum Building Height – Accessory Buildings	
Lot Coverage	
Total Number of Units by Type and Occupancy	
Number of Parking Spaces	
Number of Barrier Free Spaces	
Number of Loading Spaces	
Load Space Dimensions	
Percentage of Lot Occupied by Landscaped Area	
Operations or Outside Storage or Display Area	
Number of Light Standards and Height	
Classification of all Buildings Pursuant to OBC	
Type of Building Materials (i.e. combustible)	
Is a sprinkler system proposed of within the Building	

5.3 Indicate Lane Uses, Zoning and existing structures on abutting properties

North: _____

East: _____

South: _____

West: _____

6. Servicing

6.1 Indicate the proposed servicing type for the subject land:

A. Water Supply

Municipal

Private Well

Other, specify

B. Sewage Disposal

Municipally Serviced

On-site Sewage Disposal System

Other, specify

C. Road Access and/or Frontage

Please Specify Road Type (e.g. Open Municipal Road, Regional Road, Provincial Highway, Private Road)

D. Storm Drainage

Indicate the proposed Storm Drainage System (e.g. sewers, ditches, swales)



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7. Other Information

- 7.1 If there is any other information that may be useful to the Township of Centre Wellington (or other agencies) in reviewing this application, please list that here. You may explain in a separate or covering letter if necessary.

8. Acknowledgement of Applicant

The personal information collected on this form is collected under the authority of the Planning Act as amended. The information is used for the purposes of processing this application. The processing of this application is subject to a public process and the information contained on this application is considered public and available to anyone on request. Question regarding the collection of the information should be directed to the Township's FOI Coordinator as 519-846-9691 or clerks@centrewellington.ca

Signature of Applicant/Authorized Agent

Print Name

Date: _____
(YY/MM/DD)

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9. Owner Authorization (Required only if party than owner is making this application)

I/We _____
the owner(s) of the land being subject to this Application of the Township of Centre Wellington do hereby authorize
and appoint:

as my/our agent to make this application on/our behalf and to conduct all communications on my/our behalf
respecting same.

Signature(s):

X _____

(print name including company, if applicable)

Date: _____
(YY/MM/DD)