Township of Centre Wellington

Application for Amendment to the Official Plan

under The Planning Act, R.S.O. 1990 c.P.13, as amended



Township Centre Wellington
1 MacDonald Square
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Centre Wellington

TI 1.	HE AMENDMENT Type of Amendment Official Plan Other (please specify)	Date Submitted: $\frac{27}{\text{dd}} / \frac{08}{\text{mm}} / \frac{2025}{\text{yyyy}}$:		Date Application Deemed Complete: $\frac{22}{\text{dd}}/\frac{09}{\text{mm}}/\frac{2025}{\text{yyyy}}$	File No. 01007 - 2025		
2.	Name of the Official P	lan requested to be amended	1?				
3.	Purpose of and reaso	n(s) for the proposed amendi					
GI	ENERAL INFORMAT	TION					
4.	71441000	Six Point Road, Etobicoke, ON M8Z 2X3	Vork 437-522-8453	Fax			
	Applicant (Agent) Name(s	S): Waleed Nawaz Six Point Road, Etobicoke, ON M8Z 2X3	Vork 437-522-8453	Fax			
	Name, address and phone number of all persons having any mortgages, charges or encumbrances on the property:						
	Send correspondence to	o: Owner Agen	oth	ner			
5.	the "entire" property a "portion" of the pro (this information should be	•	der item 24 of this applicati	ion)			
6.	Municipal Address 69 Concession		***************************************	egistered Plan No. 55			
7.	Area 4.78 ha ac Provide a description of Area ha	of the area to be amended if of the peth m	Prontage 255.8 839.2 Ponly a "portion" of t Frontage				

8.	Is the requested amendment consistent with the Provincial Policy Statement? Yes No							
9.	Is the subject land within an area of land designated under any provincial plan or plans? Greenbelt Plan Places to Grow Other (please specify):							
	If yes, does the application conform to and not conflict with the applicable provincial plan or plans? Yes No							
10.	What is the current Official Plan Designation on the Subject Property?							
	Industrial							
11.	List the land uses that are permitted by the current Official Plan designation							
	Service commercial and general industrial uses.							
	If the application is to implement an alteration to the boundary of an area of settlement or to implement a new area of settlement, provide details of the official plan or official plan amendment that deals with the matter.							
	If the application is to remove land from an area of employment, provide details of the official plan or official plan amendment that deals with the matter. Refer to Planning Justification Report by GSP Group.							
	Refer to Filanting Justinication Report by Got. Group.							
EXI	STING AND PROPOSED SERVICES							
12.	Indicate the applicable water supply and sewage disposal:							
	Municipal Communal Private Other Water Municipal Communal Private Other Sewage Water Water Well Supply Sewers Sewers Sentic Disposal b) Proposed							
13.	If the application would permit development on privately owned and operated individual or communal septic systems, would more than 4500 litres of effluent be produced per day as a result of the development being completed? Yes No N/A							
	If yes, the following reports are required: A servicing options report; and							
Į	A hydrogeological report							

OFFICIAL PLAN AMENDMENT

14	Does the proposed Official Plan Amendment do the following?							
	Change a policy in the Official Plan Yes No Unknown							
	Replace a policy in the Official Plan Yes No Unknown							
	Delete a policy in the Official Plan Yes No Unknown							
	Add a policy in the Official Plan Yes No Jnknown							
	Add or Change a designation in the Official Plan							
15	i. As applicable provide the following:							
	a) Section Number(s) of Policy to be Changed	-						
	b) Text of the proposed new policy attached on a separate page? Yes 🗸 No							
(Note: The Planning Act requires that if the requested amendment changes or replaces a schedule in the official plan, the requested schedule and the text that accompanies it must be provided)								
	c) New Designation NameResidential							
	d) Map of Proposed new Schedule attached on a separate page? Yes 🕡 No 🗌							
	e) The land uses that the requested official plan amendment would authorize							
	Mixed-use development							
01	THER RELATED PLANNING APPLICATIONS							
16.	. Has the current owner (or any previous owner) made application for any of the following, either on or w	ithin 120 metres						
	of the subject lands? (Please use a separate sheet if necessary)	Effect on the						
	File Approval Subject No. Authority Lands Status Purpose	requested amendment						
	Official Plan Amendment Yes No Concurrent County OPA application							
	Zoning By-law Amendment Yes No Concurrent application							
	Minor Variance Yes No							
	Plan of Subdivision Yes No							
	Consent (Severance) Yes No							
	Site Plan Control Yes No							
17.	Has the subject land ever been the subject of a Minister's Zoning Order? Yes No							
	If yes, provide the Ontario Regulation number of that order, if known:							
ОТ	THER SUPPORTING INFORMATION							
18.	Please list the titles of any supporting documents: (e.g. Environmental Impacts Study, Hydrogeological Report, Servicing C Study, Market Area Study, Aggregate Licence Report, Stormwater Management Report, etc.)							
	Tree Preservation and Inventory Report, Tree Protection Plan, Architectural Plans, Functional Servicing and Storm Water Management Report, Functional Site Grading Plan, Functional Site Servicing Plan, Land Use Compatibility Report, Noise Impact Study, Phase One Environmental Site Assessment, Transportation Impact Study							
	Functional Site Grading Fian, Functional Site Servicing Fian, Land Ose Company neport, rouse impact Study, Finase One Environmental Site Assessment, Hansportation impact	2007						

Date

AUTHORIZATION FOR AGENT/SOLICITOR TO ACT FOR OWNER

(If affidavit is signed by an Age	nt/Solicitor on Owner's behalf, the C	Owner's written authorization	n below should be com	pleted)	
I (we)2566201	1 Ontario Inc.		of the	City	of
Toronto	County/Region of _				
Waleed Naw	az az	_ to act as my agent	n this application		
			08/27	1235	
Signature of Owner(s)		I	Date		
AFFIDAVIT					
I (we) Waleed	l Nawaz		of the	City	of
Toronto	County/Region of _			solemnly de	eclare that all the
statements contained in	this application are true, and	d I, (we), make this so	olemn declaration	conscientiously be	elieving it to be true, and
	same force and effect as if m				
DECLARED before me a	at the City	of Tors	nto		
in the County/Region of	*Company of the Company of the Compa	th	nis 27th da	y of Augu	st , 20 2 5
1			A. w. 27	,2025	
Signature of Owner or Al	uthorized Solicitor or Authori		Pate	1000	
dignature of Owner of the	attronized conoiter of Flattien	204 / Igom =			
	- /				
Vi			Aveust	27, 2025	
Signature of Commission	nor		Date		
Signature of Commission	i o i		Duto		
Application fee of \$_4 received by the munic	15 ,950 .00 cipality:	Application deer complete:	ned		
Chertalle Res	. • •		e Pellizza	ri	
Signature of Municipal Em	nployee	Signature of Municip	oal Employed		
Sig 2/2x		Sept 22/25			

Date