

# Application for Amendment to the Official Plan

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



Centre Wellington

## Township Centre Wellington

1 MacDonald Square  
PO Box 10, Elora, ON N0B 1S0  
Tel: (519) 846-9691  
Fax: (519) 846-2190

### THE AMENDMENT

#### 1. Type of Amendment

- ☐ Official Plan  
☐ Other (please specify):

Date Submitted:

\_\_\_/\_\_\_/\_\_\_  
dd mm yyyy

Date Application  
Deemed Complete:

\_\_\_/\_\_\_/\_\_\_  
dd mm yyyy

File No.

#### 2. Name of the Official Plan requested to be amended?

#### 3. Purpose of and reason(s) for the proposed amendment(s):

### GENERAL INFORMATION

#### 4. Applicant Information

Registered Owners Name(s): \_\_\_\_\_  
Address \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Tel. No. Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Applicant (Agent) Name(s): \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. No. Home \_\_\_\_\_ Work \_\_\_\_\_ Fax \_\_\_\_\_

Name, address and phone number of all persons having any mortgages, charges or encumbrances on the property:

Send correspondence to: ☐ Owner ☐ Agent ☐ Other \_\_\_\_\_

When did the current owner acquire the subject land? Date: \_\_\_\_\_

#### 5. What area does the amendment cover?

- ☐ the "entire" property  
☐ a "portion" of the property  
(this information should be illustrated on the required drawing under item 24 of this application)

#### 6. Provide a description of the "entire" property:

Municipal Address \_\_\_\_\_  
Concession \_\_\_\_\_ Lot \_\_\_\_\_ Registered Plan No. \_\_\_\_\_  
Area \_\_\_\_\_ ha \_\_\_\_\_ m \_\_\_\_\_ ft  
Depth \_\_\_\_\_ m \_\_\_\_\_ ft  
Frontage \_\_\_\_\_ m \_\_\_\_\_ ft

#### 7. Provide a description of the area to be amended if only a "portion" of the property:

Area \_\_\_\_\_ ha \_\_\_\_\_ m \_\_\_\_\_ ft  
Depth \_\_\_\_\_ m \_\_\_\_\_ ft  
Frontage \_\_\_\_\_ m \_\_\_\_\_ ft

**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?**

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**11. List the land uses that are permitted by the current Official Plan designation**

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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.

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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.

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**EXISTING AND PROPOSED SERVICES**

**12. Indicate the applicable water supply and sewage disposal:**

	Municipal Water	Communal Water	Private Well	Other Water Supply	Municipal Sewers	Communal Sewers	Private Septic	Other Sewage Disposal
a) Existing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Proposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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

If yes, the following reports are required:

- ☐ A servicing options report; and
- ☐ A hydrogeological report

## OFFICIAL PLAN AMENDMENT

### 14. Does the proposed Official Plan Amendment do the following?

- |  |                              |                             |                                  |
|--|------------------------------|-----------------------------|----------------------------------|
| Change a policy in the Official Plan             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Replace a policy in the Official Plan            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Delete a policy in the Official Plan             | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Add a policy in the Official Plan                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Add or Change a designation in the Official Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

### 15. 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 Name \_\_\_\_\_

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

\_\_\_\_\_

## OTHER RELATED PLANNING APPLICATIONS

### 16. Has the current owner (or any previous owner) made application for any of the following, either on or within 120 metres of the subject lands? (Please use a separate sheet if necessary)

			File No.	Approval Authority	Subject Lands	Status	Purpose	Effect on the requested amendment
Official Plan Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Zoning By-law Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Minor Variance	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Plan of Subdivision	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Consent (Severance)	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Site Plan Control	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: \_\_\_\_\_

## OTHER SUPPORTING INFORMATION

### 18. Please list the titles of any supporting documents: (e.g. Environmental Impacts Study, Hydrogeological Report, Servicing Options Report, Traffic Study, Market Area Study, Aggregate Licence Report, Stormwater Management Report, etc.)

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## AUTHORIZATION FOR AGENT/SOLICITOR TO ACT FOR OWNER

(If affidavit is signed by an Agent/Solicitor on Owner's behalf, the Owner's written authorization below should be completed)

I (we) \_\_\_\_\_ of the \_\_\_\_\_ of  
\_\_\_\_\_ County/Region of \_\_\_\_\_ do hereby authorize  
\_\_\_\_\_ to act as my agent in this application.

\_\_\_\_\_  
*Signature of Owner(s)*

\_\_\_\_\_  
*Date*

## AFFIDAVIT

I (we) \_\_\_\_\_ of the \_\_\_\_\_ of  
\_\_\_\_\_ County/Region of \_\_\_\_\_ solemnly declare that all the  
statements contained in this application are true, and I, (we), make this solemn declaration conscientiously believing it to be true, and  
knowing that it is of the same force and effect as if made under oath and by virtue of the CANADA EVIDENCE ACT.

DECLARED before me at the \_\_\_\_\_ of \_\_\_\_\_  
in the County/Region of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Signature of Owner or Authorized Solicitor or Authorized Agent*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Commissioner*

\_\_\_\_\_  
*Date*

Application fee of \$ \_\_\_\_\_  
received by the municipality:

Application deemed  
complete:

\_\_\_\_\_  
*Signature of Municipal Employee*

\_\_\_\_\_  
*Signature of Municipal Employee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*