



# Town of Parry Sound Official Plan Amendment Application Form

<b>Office Use Only</b>	
Application No. ___/___/___	Date Received: _____
Roll #: 4932-_____	Deemed Complete: _____
Receipt: _____	

<b>Please specify to whom all communications should be sent:</b>		
<b>Applicant</b>	<b>Agent</b>	<b>Owner</b>

Applicants are advised to request a pre-consultation with Planning Department staff prior to the submission of the application to gain preliminary planning review and direction.

Insufficient information will result in the application being returned to you. Please ensure that your application contains the following information.

- If a policy in the official plan is being changed, replaced or deleted or if a policy is being added, the text of the requested amendment.
- If the requested amendment changes or replaces a schedule in the official plan, the requested schedule and the text that accompanies it.
- If the requested amendment alters all or any part of the boundary of an area of settlement in a municipality or establishes a new area of settlement in a municipality, the current official plan policies, if any, dealing with the alteration or

establishment of an area of settlement.

- If the requested amendment removes the subject land from an area of employment, the current official plan policies, if any, dealing with the removal of land from an area of employment.

Supplemental information, as noted in the Official Plan may be requested upon further review of the application and prior to deeming an application complete.

If you have any questions or require any information relating to a planning application please contact the Planning Department at (705) 746-2101 x 223 or [telgie@townofparrysound.com](mailto:telgie@townofparrysound.com)

## Contact Information

Name of Applicant / Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If different from Applicant, Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name and address of the holders of any mortgages, charges or other encumbrances in respect of the subject land:

\_\_\_\_\_

## The Town of Parry Sound Official Plan

Current Official Plan Designation: \_\_\_\_\_

Does the application conform to the Official Plan? Yes                      No

Explain: \_\_\_\_\_

Whether the requested amendment changes, replaces and/or deletes a policy in the official plan: \_\_\_\_\_

If yes, the policy to be changed, replaced or deleted:

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Whether the requested amendment adds a policy to the official plan:

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The purpose of the requested amendment:

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Whether the requested amendment changes or replaces a designation in the official plan:

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If the requested amendment changes or replaces a designation in the official plan, the designation to be changed or replaced:

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The land uses that the requested official plan amendment would authorize:

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Whether the subject land or land within 120 metres of it is the subject of an application by the applicant under the Act for,

- a) A minor variance or a consent;
- b) An amendment to an official plan, a zoning by-law or a Minister's zoning order; or
- c) Approval of a plan of subdivision or a site plan.

If yes, the following information about each application is to be provided:

- a) Its file number;
- b) The name of the approval authority considering it;
- c) The land it affects;
- d) Its purpose;
- e) Its status; and
- f) Its effects on the requested amendment.

## Zoning

Existing Zoning: \_\_\_\_\_

Any change proposed to the zoning by-law:

\_\_\_\_\_

Proposed Uses and Zone: \_\_\_\_\_

Has a Zoning By-law Amendment Application been submitted?

Yes                      No

## Property Information

Civic (911) Address: \_\_\_\_\_

Concession: \_\_\_\_\_ Lot: \_\_\_\_\_

Geographic Township: \_\_\_\_\_

Reference Plan: \_\_\_\_\_ Part(s): \_\_\_\_\_

Dimensions of lands:

Frontage (road): \_\_\_\_\_ Depth: \_\_\_\_\_

Area: \_\_\_\_\_

Date property was acquired by current owner: \_\_\_\_\_

Existing Uses: \_\_\_\_\_

Length of time, if known, that existing uses have existed: \_\_\_\_\_

Adjacent land use(s): \_\_\_\_\_

Are there any buildings or structures on the lands? Yes                      No

Date the existing structures or buildings on the subject land were constructed:

\_\_\_\_\_

If yes, please complete the chart below, or identify the following on a plan.

Type of Building: \_\_\_\_\_ Type of Building: \_\_\_\_\_

Footprint Area: \_\_\_\_\_ Footprint Area: \_\_\_\_\_

Ground Floor Area: \_\_\_\_\_ Ground Floor Area: \_\_\_\_\_

Gross Leasable Area: \_\_\_\_\_ Gross Leasable Area: \_\_\_\_\_

Height: \_\_\_\_\_ Height: \_\_\_\_\_

Are there any buildings or structures proposed on the lands? Yes                      No

If yes, please complete the following.

*Proposed Building:* \_\_\_\_\_ *Proposed Building:* \_\_\_\_\_

Footprint Area: \_\_\_\_\_ Footprint Area: \_\_\_\_\_

Ground Floor Area: \_\_\_\_\_ Ground Floor Area: \_\_\_\_\_

Gross Leasable Area: \_\_\_\_\_ Gross Leasable Area: \_\_\_\_\_

Height: \_\_\_\_\_ Height: \_\_\_\_\_

Check the appropriate box for each category below:

*g) Access*

Municipal Road

Private Road or Right of way

Water\*

Provincial Highway

Condominium Road

Other \_\_\_\_\_

\*If access is by water only, please indicate the parking and docking facilities to be used and the approximate distance of those facilities from the subject land and nearest public road. \_\_\_\_\_

*h) Water Supply*

Municipally owned and operated piped water

Lake / River

Well

Other (specify) \_\_\_\_\_

*i) Sewage Disposal*

Municipally owned and operated sanitary sewers

Septic Tank and Tile Field

- If septic bed, will more than 4,500 litres of effluent be produced per day?

Yes

No

Other (specify) \_\_\_\_\_

*j) Storm Water Drainage*

Municipally owned and operated storm sewers

Ditches

Swales

None

Other (specify) \_\_\_\_\_

## History of Lands

Has the owner previously applied for relief in respect of the subject property?

Yes                      No

If yes, please provide consent application number: \_\_\_\_\_

Is the subject property the subject of a current or previous application under the Planning Act, R.S.O. 1990?

Yes                      No

If yes, please provide application number and status of the application:

\_\_\_\_\_

Is the requested amendment consistent with the provincial policy statements issued under subsection 3(1) of the *Planning Act, R.S.O. 1990, c. P. 13*?

Yes                      No

If no, please explain: \_\_\_\_\_

Are the subject lands within an area of land designated under any provincial plan or plans?

Yes                      No



If yes, does the requested amendment conform to or does not conflict with the provincial plan or plans:

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Previously commercial or industrial use?    Yes                      No

Has a gas station been located on the subject lands or adjacent lands at any time?

Yes                      No                      Unknown

Has there been petroleum, other fuel or hazardous waste stored on the subject lands or adjacent lands at any time?

Yes                      No                      Unknown

## **Public Consultation**

Is there a proposed strategy for consulting with the public with respect to the application?

Yes                      No                      Unknown

If yes, please provide a description of the plan:

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## **Authorization**

### **Consent of Owner for Use and Disclosure for 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 of the 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

**Authorization of Owner for Agent**

If the Applicant is not the Owner of the land that is subject of this application, the written authorization of the Owner that the applicant is authorized to make the application must be completed below.

I, \_\_\_\_\_ am the Owner of the land that is the subject of this application and I authorize \_\_\_\_\_ to make this application on my behalf and to provide any personal information that will be included in this application or collected during the process of this application.

\_\_\_\_\_  
Date Signature of Owner

**Authorization of Owner for Access**

I, \_\_\_\_\_ hereby authorize Town of Parry Sound staff, and its representatives, to enter upon the premises for the purpose of evaluating the merits of the application for the time this application is under consideration by the Town.

\_\_\_\_\_  
Date Signature of Owner

**Affidavit or Sworn Declaration**

I, \_\_\_\_\_ do solemnly affirm and declare that all of the statements contained in this application and in all exhibits and attachments transmitted herewith are true and I make this solemn declaration conscientiously believing it to be true and knowing it is of the same force and effect as it made under oath and by virtue of the Canada Evidence Act.

Declare before me at the \_\_\_\_\_ in the \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

Signature of Applicant, Agent or Owner

\_\_\_\_\_

A Commissioner, etc.

*(Commissioning is available at the Town of Parry Sound Municipal Office.)*