

For office use only	File #	DU-15-2017
	Submitted	Nov 21, 2017
	Date Application considered complete	Nov 30, 2017

MUNICIPALITY OF South Huron
 Application for Official Plan and/or Zoning By-law Amendment

A. THE AMENDMENT

1. TYPE OF AMENDMENT?

_____ Official Plan [] Zoning By-law No. 131984 [☒] Both []

a) Name of Official Plan to be amended: _____

b) Name of Zoning By-law to be amended: TOWNSHIP OF USBORNE

2. WHAT IS THE PURPOSE OF AND REASONS FOR THE PROPOSED AMENDMENT(S)?

REQUIREMENT CONDITIONS OF CONSENT

B. GENERAL INFORMATION

3. APPLICANT INFORMATION

a) Registered Owner's Name(s): CAROL MINERS

Address: 70080 ELIMVILLE LINE EXETER, ON N0M 1S5

Phone: Home () Work () Fax ()

Email: _____ Cell [REDACTED]

b) Applicant (Agent) Name(s): JUSTIN MINERS

Address: 702 AMBERLEY AVE. LONDON, ON N6H 2X6

Phone: Home [REDACTED] Work () Fax ()

Email: [REDACTED] Cell [REDACTED]

c) Name, Address, Phone of all persons having any mortgage, charge or encumbrance on the property:

d) Send Correspondence To? Owner [] Agent [] Other [☒] BOTH

4. WHAT AREA DOES THE AMENDMENT COVER?

- a) ☒ the "entire" property or
 b) ☐ just a "portion" of the property

5. PROVIDE A DESCRIPTION OF THE ENTIRE PROPERTY:

Municipal Ward: USBORNE911 Address and Road Name: 70080 ELIMVILLE LINERoll Number (if available): 4010010007015000000Concession: 7 Lot: 6 Registered Plan No.: _____

Area: _____ hectares Depth: 413.67 metres Frontage (Width): 100 metres
1005.58 413.67
3M 3M

6. IS ANY OF THE LAND IN WELLHEAD PROTECTION AREA C? Yes ☐ No ☒ Unknown ☐

If Yes, please obtain a Restricted Land Use Permit from the Risk Management Official.

If Unknown, please consult with your Municipal Planner and obtain a Restricted Land Use Permit if necessary.

7. ~~PROVIDE A DESCRIPTION OF THE AREA TO BE AMENDED IF ONLY A PORTION OF THE PROPERTY:~~

Area: _____ hectares Depth: _____ metres Frontage (Width): _____ metres

8. WHAT IS THE CURRENT PLANNING STATUS?

Official Plan Designation: AGRICULTUREZoning: AG-1 AND NE1

9. LIST LAND USES THAT ARE PERMITTED BY CURRENT OFFICIAL PLAN DESIGNATION:

AGRICULTURE**C. EXISTING AND PROPOSED LAND USES AND BUILDINGS**

10. WHAT IS THE "EXISTING" USE OF THE LAND?

DWELLING AND FARM

How long have the existing uses continued on the subject land: _____

11. WHAT IS THE "PROPOSED" USE OF THE LAND?

DWELLING AND FARM

PROVIDE THE FOLLOWING DETAILS FOR ALL BUILDINGS: (Use a separate page if necessary)

Are any buildings proposed to be built on the subject land:

Yes []

No [☒]

	<u>Existing</u>	<u>Proposed</u>
a) Type of Building(s)	<u>DWELLING</u>	
b) Main Building Height	(m)	(m)
c) % Lot Coverage		
d) # of Parking Spaces		
e) # of Loading Spaces		
f) Number of Floors		
g) Total Floor Area	<u>1160 sq ft.</u> (sq. m)	(sq. m)
h) Ground Floor Area (exclude basement)		
i) Building Dimensions		
j) Date of Construction		
k) Setback from Buildings to:		
Front of Lot Line	<u>85 ft</u>	
Rear of Lot Line	<u>110 ft.</u>	<u>ONCE SEVERED</u>
Side of Lot Line	<u>115 ft.</u>	

D. EXISTING AND PROPOSED SERVICES**12. INDICATE THE APPLICABLE WATER SUPPLY AND SEWAGE DISPOSAL:**

	<u>Municipal Water</u>	<u>Communal Water</u>	<u>Private Well</u>	<u>Municipal Sewers</u>	<u>Communal Sewers</u>	<u>Private Septic</u>
a) Existing	[]	[]	[<input checked="" type="checkbox"/>]	[]	[]	[<input checked="" type="checkbox"/>]
b) Proposed	[]	[]	[<input checked="" type="checkbox"/>]	[]	[]	[<input checked="" type="checkbox"/>]
c)	If the requested amendment would permit development on a privately owned and operated individual or communal septic system and more than 4500 litres of effluent would be produced per day as a result of the development being completed, the applicant must submit:					
	[]	a servicing options report; and				
	[]	a hydrogeological report.				

13. Will storm drainage be provided by:

Sewers	[]
Ditches	[<input checked="" type="checkbox"/>]
Swales	[]
Other	[] Specify _____

Is storm drainage present or will it be constructed NO

14. TYPE OF ACCESS (CHECK APPROPRIATE SPACE)

- ☐ provincial highway
☐ county roads
☒ municipal roads, maintained all year
☐ municipal road, seasonally maintained
☐ right of way
☐ water access

E. OFFICIAL PLAN AMENDMENT

(Proceed to Section F) if an Official Plan Amendment is not proposed).

15. DOES THE PROPOSED OFFICIAL PLAN AMENDMENT DO THE FOLLOWING?

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

16. IF APPLICABLE AND KNOWN AT TIME OF APPLICATION, 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 [☐]
- c) New designation name: _____
- d) Map of proposed new Schedule attached on a separate page? Yes [☐] No [☐]

17. LIST PURPOSE OF AMENDMENT AND LAND USES THAT WOULD BE PERMITTED BY THE PROPOSED AMENDMENT:

18. Does the requested amendment alter all or any part of the boundary of an area of settlement in a municipality or establish a new area of settlement in a municipality?

Yes [☐] No [☐]

If yes: Attach the current official plan policies, if any, dealing with the alteration or establishment of an area of settlement.

19. Does the requested amendment remove the subject land from any area of employment?

Yes [☐] No [☐]

If yes: Attach the current official plan policies, if any, dealing with the removal of land from an area of employment.

20. Is the requested amendment consistent with the Provincial Policy Statement issued under Section 3 (1) of the Planning Act.

Yes [☐] No [☐] Unknown [☐]

F. ZONING BY-LAW AMENDMENT

(Proceed to Question 29 (Drawing) if a Zoning By-law Amendment is not proposed).

21. DOES THE PROPOSED ZONING BY-LAW AMENDMENT DO THE FOLLOWING?

Add or change zoning designation in the Zoning By-law	Yes []	No [<input checked="" type="checkbox"/>]	Unknown []
Change a zoning provision in the Zoning By-law	Yes [<input checked="" type="checkbox"/>]	No []	Unknown []
Replace a zoning provision in the Zoning By-law	Yes []	No [<input checked="" type="checkbox"/>]	Unknown []
Delete a zoning provision in the Zoning By-law	Yes []	No [<input checked="" type="checkbox"/>]	Unknown []
Add a zoning provision in the Zoning By-law	Yes []	No [<input checked="" type="checkbox"/>]	Unknown []

22. IF APPLICABLE AND KNOWN AT TIME OF ZONING APPLICATION, PROVIDE THE FOLLOWING:

- a) Section Number(s) of provisions to be changed
- b) Text of the proposed new provision attached on a separate page? Yes [] No [☒]
- c) New zone name: AG4 AG1-27
- d) Map of proposed new Key Map attached on a separate page? Yes [☒] No []

23. LIST LAND USES PROPOSED BY ZONING AMENDMENT.

RESIDENTIAL

- date the current owner acquired the subject land 1975

24. HAS THERE BEEN A PREVIOUS APPLICATION FOR REZONING UNDER SECTION 34 OF THE PLANNING ACT AFFECTING THE SUBJECT PROPERTY:Yes [] No [☒]**25. Is the intent of this application to implement an alteration to the boundary of an area of settlement or to implement a new area of settlement?**Yes [] No [☒]

If yes: Attach details of the official plan or official plan amendment that deals with the matter.

26. Is the intent of this application to remove land from an area of employment?Yes [] No [☒]

If yes: Attach details of the official plan or official plan amendment that deals with the matter.

27. Is the application for an amendment to the zoning by-law consistent with provincial policy statement issued under Section 3 (1) of the Planning Act.Yes [☒] No [] Unknown []

G. SKETCH CHECKLIST

- 28. ACCURATE, TO SCALE, DRAWING OR PROPOSAL:** (In the space below or on a separate page(s), please provide drawing of the proposal, preferably prepared by a qualified professional. In some cases, it may be more appropriate to prepare additional drawings at varying scales to better illustrate the proposal).

The application shall be accompanied by a clean, legible sketch sharing the following information. Failure to supply this information will result in a delay in processing the application.

A sketch showing in metric units:

- a) the boundaries and dimensions of the subject land;
- b) the location, size and type of all existing and proposed buildings and structures on the subject land, indicating their distance from the front lot line, rear lot line and side lot lines;
- c) the approximate location of all natural and artificial features (for example, buildings, railways, roads, watercourses, drainage ditches, banks of rivers or streams, wetlands, wooded areas, wells and septic tanks) that,
 - i) are located on the subject land and on land that is adjacent to it, and
 - ii) in the applicant's opinion may affect the application;
- d) the current uses of land that is adjacent to the subject land;
- e) the location, width and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public traveled road, a private road or a right of way;
- f) if access to the subject land will be by water only, the location of the parking and docking facilities to be used;
- g) the location and nature of any easement affecting the subject land

The drawing(s) should show (please use a survey if available):

- Property boundaries and dimensions
- Dimensions of area of amendment
- Distance from structures to lot lines
- Easements or restrictive covenants
- Building dimensions & location
- Neighbouring adjacent land uses
- Parking and loading areas
- Use of Neighbouring properties
- Public roads, allowances, rights of way
- Municipal Drains/Award Drains
- Wetlands, floodplain, wet areas
- Woodlots, forested areas, ANSI's, ESA's
- Driveways and lanes
- Other features (bridges, wells, railways, septic systems, springs, slopes, gravel pits)
- Natural watercourses
- North arrow

H. OTHER RELATED PLANNING APPLICATIONS

- 29. HAS THE APPLICANT OR OWNER MADE APPLICATION FOR ANY OF THE FOLLOWING, EITHER ON OR WITHIN 120 METRES OF THE SUBJECT LAND?**

Official Plan Amendment	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
Zoning By-law Amendment	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
Minor Variance	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
Plan of Subdivision	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]
Consent (Severance)	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]
Site Plan Control	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]

30. IF THE ANSWER TO QUESTION 29 (above) IS YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

File No. of Application: B622017
 Approval Authority: Huron County
 Lands Subject to Application: 70080 ELIMVILLE LINE
 Purpose of Application: SEVER A DWELLING
 Status of Application: APPROVED
 Effect on the Current Application for Amendment: REQUIRED CONDITION

I. OTHER SUPPORTING INFORMATION

32. PLEASE LIST THE TITLES OF ANY SUPPORTING OR ATTACHED DOCUMENTS:

(e.g. Environmental Impacts Study, Hydrogeological Report, Traffic Study, Market Area Study, Aggregate License Report, Stormwater Management Report etc. It is recognized that the applicant meet with planning staff to attempt to determine the supporting documents that will be required).

SEE SKETCH

J. PUBLIC CONSULTATION STRATEGY

33. PLEASE OUTLINE YOUR PROPOSED STRATEGY FOR CONSULTING WITH THE PUBLIC WITH RESPECT TO THIS AMENDMENT REQUEST:

(e.g. individual contact, hold a neighbourhood meeting, telephone conversation, letter explaining proposal & inviting questions/comments, website/internet, etc.).

CONSULTED NEIGHBOURS

APPROVED BY: _____
 DATE: _____
 TITLE: _____

APPROVED BY: _____
 DATE: _____
 TITLE: _____

K. AUTHORIZATION FOR AGENT/SOLICITOR TO ACT FOR OWNER:(If affidavit (K) is signed by an Agent/Solicitor on Owner's behalf, the Owner's written authorization below must be completed).

I (we) Carol miners of the Municipality of South Huron County/Region
 of Huron do hereby authorize Justin miners to act as my agent in the application.

Carol miners
 Signature of Owner(s)

Nov 21/17
 Date

L. APPLICANT'S DECLARATION(This must be completed by the Person Filing the Application for the proposed development site.)

I, JUSTIN MINERS of the THAMES CENTRE
 (Name of Applicant) (Name of Town, Township, etc.)

In the Region/County/District MIDDLESEX solemnly declare that all of the statements contained in this application and supporting documentation are true and complete, and I 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."

Please be advised the responsibility for filing a complete application rests solely with the owner/applicant. Anything not requested or applied for in this application and subsequently found to be necessary (which may require another application(s) and fee(s)) are the sole responsibility of the owner/applicant. The County/Municipality will address only the application as applied for, and any items that are not included in the application are not the responsibility of the County/Municipality.

All studies required to support this application shall be at the expense of the applicant and included at the time of submission as a complete application. Where the County/Municipality incurs costs for the peer review of any consultants' reports or fees for legal opinions, the County/Municipality will be reimbursed such costs by the applicant.

In the event of third-party appeals to applications approved by the County/Municipality, the applicant may be responsible for some or all of the legal and other costs incurred by the County/Municipality, at the discretion of the County/Municipality.

DECLARED before me at:
 Region/County/District Huron County

In the Municipality of South Huron

This 21 day of November, 2017 Signature
 (Day) (Month) (Year)

Genevieve Scharback
 Commissioner of Oaths

Justin miners
 Please Print name of Applicant

SWORN BEFORE ME AT THE Municipality of
 South Huron, in the County of Huron and the
 Province of Ontario,
 this 21 day of November, 2017

Genevieve Scharback
 Genevieve Scharback, Clerk
 Municipality of South Huron
 A COMMISSIONER ETC.

M. OWNER/APPLICANT'S CONSENT DECLARATION

In accordance with the provisions of the Planning Act, it is the policy of the County Planning Department to provide the public access to all development applications and supporting documentation.

In submitting this development application and supporting documentation, I JUSTIN MINERS the owner/the authorized applicant, hereby acknowledge the above-noted policy and provide my consent, in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, that the information on this application and any supporting documentation provided by myself, my agents, consultants and solicitors, will be part of the public record and will also be available to the general public.

I hereby authorize the County of Huron staff, Municipal staff and council members of the decision making authority to access to the subject site for purposes of evaluation of the subject application.

Justin Miners
Signature

Nov. 21/17
Date

APPLICATION AND FEE OF \$ 1836.00 RECEIVED BY THE MUNICIPALITY

Genevieve Sharback
Signature of Commissioner

Nov. 21, 2017
Date

COMPLETE THIS FORM TO DETERMINE IF HEALTH UNIT COMMENTS ARE REQUIRED ON YOUR PLANNING APPLICATION

For certain planning applications, comments are required from the Huron County Health Unit to assist the municipality in its decision on your application. This sheet will determine if comments are required from the Health Unit, and if some, the appropriate fee* must be submitted with your application and paid to the municipality (*based on the Health Unit's User Fee Schedule).

Name of Applicant: _____

Name of Owner (if different from the applicant): _____

Location of Property (Lot, Concession or Registered Plan, and Municipality):

Type of Planning Application(s) submitted with this form:

- | | |
|--|--|
| <input type="checkbox"/> Consent (severance) | <input type="checkbox"/> Minor Variance |
| <input type="checkbox"/> Zoning By-Law Amendment | <input type="checkbox"/> Plan of Subdivision/Condominium |
| <input type="checkbox"/> Official Plan Amendment | |

Please answer **Section A OR Section B**, depending on the type of servicing available. In the following question, "property" means the subject property or, in the case of a severance, each of the resulting lots.

Section A - Where **SANITARY SEWERS** are available.

Is the property within 183 metres (600 feet) of an abattoir (slaughter house)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section B - Where **SEPTIC SYSTEMS** are required.

The application is for the creation of a new lot for which the primary use will be a new dwelling (other than a new dwelling on a farm).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property less than .4 hectares (1 acre) in area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the property have less than .2 hectares (1/2 acre) of "useable land" for a septic tank and tile bed? See definition of "useable land" below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am uncertain of the location of the existing septic tank and tile bed on the property.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There will be more than one dwelling unit on each lot.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
An industrial or commercial use is proposed which will require a septic system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property with 183 metres (600 feet) of an abattoir (slaughter house)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The application is for a new Plan of Subdivision/Condominium	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proceed to Section C .		

"Useable Land" means an area of land with suitable original soil for the installation of a Class 4 subsurface sewage disposal system, free of any buildings, structures swimming pools, etc. and such land is or will be used solely for a septic tank and tile bed and any future replacement of the tile bed, and which area is at least 3 metres (10 feet) from any property line, at least 15 metres (15 feet) from a top-of-bank of a watercourse or lake, not located in a flood plain, not located in an environmentally sensitive area, and does not contain field tile or other artificial drainage. (other restrictions may apply according to legislation.)

Section C - HEALTH UNIT FEES

If the answer to any question in Section A or B is "Yes", then Health Unit comments will be required and the appropriate fee must be submitted with your application, as follows:

Type of Application	Health Unit Fee (To be added to the application fee)	Any required Health Unit fee should be added to the application fee and submitted in one payment to the municipality. Where two applications are being processed together (such as a severance and a rezoning) only one fee will apply, being the higher of the two fees.
Official Plan Amendment	\$177.25	
Rezoning	\$124.75	
Minor Variance	\$124.75	
Severance resulting in 2 lots or fewer	\$262.65	
Severance resulting in 3 lots or more	\$499.00	
Plan of Subdivision/Condominium	\$1037.45	

Note: Regardless of the results from Section A or B, some applications may require comments from the Health Unit as identified through the planning process. In these cases, the relevant fee shall apply.

Name of Owner or Designated Agent

Signature and Date

To be completed by Municipal Clerk: Has the Health Unit Fee been collected from the applicant?

☐ Yes

☐ No

Amount: _____

Name of Clerk-Treasurer

N

WOODED
AREA

DRAINAGE
CREEK →

REZONE
AG1-27

LOT. 6
CON. 7
95 AC WORKABLE

CREDITON RD.

REZONE AG4

← 300' →

1.72 AC

↑ 250' ↓

HYDRO
TOWERS →

HYDRO
POLES ↓

ELIMVILLE LINE

