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Date Application	n considered co	mplete UVC	211,2017
美国工作的企业的企业		Service Service Service	THE PROPERTY OF THE PARTY OF TH

T	HE AMENDMENT
7	TYPE OF AMENDMENT?
_	Official Plan []. Zoning By-law No. 1384 [] Both []
a	Name of Official Plan to be amended:
b	Name of Zoning By-law to be amended: U.s. borne
V	VHAT IS THE PURPOSE OF AND REASONS FOR THE PROPOSED AMENDMENT(S)?
-	Condition of severance
_	
_	
_	
- G)	ENERAL INFORMATION
٨	PPLICANT INFORMATION
	PPLICANT INFORMATION
A	PPLICANT INFORMATION
٨	PPLICANT INFORMATION Registered Owner's Name(s): Doug + Cathy Prout Address: 70562 McTaggart Line Bath ON Nom 155
A	PPLICANT INFORMATION Registered Owner's Name(s): Doug + Cathy Prout Address: 70562 McTaggart Live 15th ON Nom 155 Phone: Home
A	PPLICANT INFORMATION Registered Owner's Name(s): Doug + Cathy Prout Address: 70562 McTaggart Live 5ther ON Nom 155 Phone: Home Work (
A a)	PPLICANT INFORMATION Registered Owner's Name(s): Doug + Cathy Prout Address: 70562 McTaggart Line 1572 ON Nom 155 Phone: Home Work () Fax () Email: Cell ()
A a)	PPLICANT INFORMATION Registered Owner's Name(s): Doug + Cathy Prout Address: 70562 McTaggart Live 1574 ON Nom 155 Phone: Home Work () Fax () Email: Cell () Applicant (Agent) Name(s):
A a)	PPLICANT INFORMATION Registered Owner's Name(s): Doug + Cathy Prout Address: 70562 McTaggart Live 1574 ON Nom 155 Phone: Home Work () Fax () Email: Cell () Applicant (Agent) Name(s):

١.	WHAT AREA DOES THE AMENDMENT COVER?
	a) [] the "entire" property or
	b) [] just a "portion" of the property
i .	PROVIDE A DESCRIPTION OF THE ENTIRE PROPERTY:
	Municipal Ward: USborne
	911 Address and Road Name: 76794 McTaggart Line
	Roll Number (if available):
	Concession: Lot: 15 Registered Plan No.:
	Concession: 5 Lot: 15 Registered Plan No.: Area: 20.57 hectares Depth: 1005 St. metres Frontage (Width): 203 metres
í.	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.
·.	PROVIDE A DESCRIPTION OF THE AREA TO BE AMENDED IF ONLY A 'PORTION' OF THE PROPERTY:
•	Arca: hectares Depth: metres Frontage (Width): metres
3.	WHAT IS THE CURRENT PLANNING STATUS? Official Plan Designation: 45 ricellere Zoning: AGI
	Zoning:
).	LIST LAND USES THAT ARE PERMITTED BY CURRENT OFFICIAL PLAN DESIGNATION:
	agriculture
~	EXISTING AND PROPOSED LAND USES AND BUILDINGS
0.	WHAT IS THE "EXISTING" USE OF THE LAND?
	agriculture
	How long have the existing uses continued on the subject land:
1.	WHAT IS THE "PROPOSED' USE OF THE LAND?
	agriculture and duelling
	V -

			Existin	_		<u>Ĭ</u>	Proposed	
a)	Type of Building(s)	house	+ 51	e C				
b)	Main Building Height				<u>(m)</u>	_		(m
c)	% Lot Coverage					_		
d)	# of Parking Spaces					_		
c)	# of Loading Spaces							
f)	Number of Floors							
g)	Total Floor Area				(sq. m)	-		sq. n
h)	Ground Floor Area (exclude basement)					_		
i)	Building Dimensions				<u></u>	-		
j) k)	Date of Construction Setback from Building	Re	ar of Lot	t Line	5.52 m	to	heave	
k) EX	Setback from Building	Re Sid PPOSED SI	ar of Lot de of Lot ERVIC	Line 69 Line 79 ES	5.52 m 1. 48 m	to to	house	
k) EX	Setback from Building ISTING AND PRO IDICATE THE APPLICATE	Re Sid PPOSED SI	ar of Lot de of Lot ERVIC TER SUI	Line 69 Line 79 ES	5.52 m 1. 48 m SEWAGE I	to to	house	Private
k) EX	Setback from Building	Re Sid PPOSED SI CABLE WAT	ar of Lot de of Lot ERVIC FER SUI unal	Line 69 Line 79 ES PPLY AND	5.52 m 1. 48 m SEWAGE I Mun	to t	L: Communal Sewers	Private <u>Septic</u>
k) EX IN	Setback from Building ISTING AND PRO IDICATE THE APPLICATE Municipal Water Existing []	Re Sid DPOSED SI CABLE WAT Comm	ar of Lot de of Lot ERVIC FER SUI unal	Line 69 Line 79 ES PPLY AND Private	5.52 m 1. 48 m SEWAGE I Mun	to t	house L: Communal	
k) EX IN	Setback from Building CISTING AND PRO FIDICATE THE APPLICATE Municipal Water Existing Proposed []	PPOSED SI CABLE WAT Commu Wate [Indiment would ore than 4500.	ERVIC ERVIC FER SUI unal i permit of the permit of th	Line // Line // Line // ES PPLY AND Private Well [SEWAGE I Muni Sew [on a private	DISPOSA icipal vers]	L: Communal Sewers [] [] and operated indi-	Septic [] [] vidual or comm
k) EX IN a) b)	Setback from Building LISTING AND PRO DICATE THE APPLICATE THE APPLICATE Municipal Water Existing [] Proposed [] If the requested ame septic system and more completed, the applicate in the septical system and more completed.	PPOSED SI CABLE WAT Commu Wate [Indiment would ore than 4500.	ERVIC ERVIC FER SUI unal er 1 d permit of mit:	Line // Line // Line // ES PPLY AND Private Well [SEWAGE I Muni Sew [on a private	DISPOSA icipal vers]	L: Communal Sewers [] [] and operated indi-	Septic [] [] vidual or comm
k) EX IN a) b)	Setback from Building CISTING AND PRO Municipal Water Existing [] Proposed [] If the requested ame septic system and m completed, the appli	PPOSED SI CABLE WAT Commo Wate [Indment would ore than \$500 cant must sub	ERVIC ERVIC FER SUI unal per d permit of three of mit:	Line // Line // Line // ES PPLY AND Private Well [SEWAGE I Muni Sew [on a private	DISPOSA icipal vers]	L: Communal Sewers [] [] and operated indi-	Septic [] [] vidual or comm
EXIN a) b) c)	Setback from Building LISTING AND PRO Municipal Water Existing [] Proposed [] If the requested ame septic system and m completed, the appli	POSED SI CABLE WAT Common Wate [Indment would ore than \$500 cant must sub ing options repeated by: [Indicated by: [Ind	ERVIC ERVIC FER SUI unal per d permit of three of mit:	Line // Line // Line // ES PPLY AND Private Well [SEWAGE I Muni Sew [on a private	DISPOSA icipal vers]	L: Communal Sewers [] [] and operated indi-	Septic [] [] vidual or comm

14.	TYPE OF ACCESS (CHECK APPROPRIATE SPA	ACE)				
	county roads					
	municipal roads, maintained all year					
	municipal road, seasonally maintained					
	right of way					
	water access					
	water access					
<u>E.</u>	OFFICIAL PLAN AMENDMENT (Proceed to Section F) of an Official Plan Amendment is not p	proposed).				
15.	DOES THE PROPOSED OFFICIAL PLAN AME	NDMENT D	O THE FO)LL(OWING?	
10.	Add a Land Use designation in the Official Plan	Yes []]	Unknown[]
	Change a Land Use designation in the Official Plan	Yes[]	No []	Unknown [1
	Change a policy in the Official Plan	Yes []	No []	Unknown []
	Replace a policy in the Official Plan	Yes []	No []	Uhknown []
	Delete a policy in the Official Plan	Yes []	No []	Unknown []
	Add a policy in the Official Plan	Yes []	No [1/	Unknown []
16.	IF APPLICABLE AND KNOWN AT TYME OF A	APPLICATIO	ON, PROV	IDE	THE FOLLO	WING:
	a) Section Number(s) of Policy to be Changed		_/_			
	an a ge	eparate page?	Yes []	No []	
	c) New designation name:					
		Variation Aggs?	Yes [No []	
	d) Map of proposed new Schedule attached on a se	parate page:	103 [. j	,.o _L]	
17.	LIST PURPOSE OF AMENDMENT AND LANI AMENDMENT:	O USES THA	T WOUL	D BE	PERMITTEL	BY THE PROPOSED
	Does the requested amendment alter all or any part	of the hound	ur of an ar	ea of	settlement in a	municipality or establish a
18.	new area of settlement in a municipality.	Of the bounds	11 / 07 mm m	.		• •
	Yes [] No [\			
	If yes: Attach the curre	ent official pla	an policies,	if an	y, dealing with	the alteration or establishment
	of an area of se	ettiement.	\			
		1. 10		hanlar	mant?	
19.	Does the requested amendment remove the subject	t land from an	y area or e	hibro	y michie!	
		ent official pl	an policies	, if an	y, dealing with	the removal of land from an
					\	
	Is the requested amendment consistent with the Pro		~ .		1 1 0 1	2 (1) of the Planning Act

	(Proceed to Question 29 (Draw	ving) if a Zoning E	By-law Amendment	is not proposed).		
21.	DOES THE PROPOSED	ZONING BY-	LAW AMENDN	MENT DO THE FOI	LLOWING?	
	Add or change zoning des	ignation in the Z	oning By-law	Yes []	No[/]	Unknown []
	Change a zoning provision	in the Zoning E	By-law	Yes [🗸]	No []	Unknown []
	Replace a zoning provision	n in the Zoning I	By-law	Yes []	No [🗸]	Unknown []
	Delete a zoning provision	in the Zoning By	y-law	Ycs [] Yes []	No [🛂	Unknown []
	Add a zoning provision in	the Zoning By-l	aw	Yes []	No [•/]	Unknown []
22.	IF APPLICABLE AND	KNOWN AT T	IME OF ZONIN	G APPLICATION,	PROVIDE TH	IE FOLLOWING:
	a) Section Number(s) of	provisions to be	changed			
	b) Text of the proposedc) New zone name:	new provision at	tached on a separ	ate page? Yes []	No [🗸	1
	d) Map of proposed new				No []
22	LICTIAND HOECDDA	DASED DV 70	NUNIC A MENUN	MENT		
23.	LIST LAND USES PRO	_	_	WENI.		
	agricultur					
	- date the current owner a	equired the subje	ect land	~ 15 /2017		
24.	HAS THERE BEEN A P			R REZONING UNI	DER SECTION	N 34 OF THE PLANNING
	ACI AFFECTING THE		No[
		Yes []	No [🗸]			
25.	Is the intent of this applica	tion to implemen	nt an alteration to	the boundary of an a	rea of settlemer	nt or to implement a new area
		Yes []	No I			
			n details of the of	ficial plan or official s	olan amendmen	t that deals with the matter.
		,		p 0. 0)		
26.	Is the intent of this applica	tion to remove la	and from an area	of employment?		
		Yes []	No [🗸]			
		If yes: Attacl	n details of the of	ficial plan or official p	olan amendmen	t that deals with the matter.
27.		nendment to the	zoning by-law co	onsistent with provinc	ial policy stater	ment issued under Section 3 (
	of the Planning Act.	Yes [🗸]	No []	Unknown []		

F. ZONING BY-LAW AMENDMENT

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;
- 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 surve	y 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 lancs
- 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 []	No [🗸]
Zoning By-law Amendment	Yes []	No [1]
Minor Variance	Yes []	
Plan of Subdivision	Yes [Yes [No [🗸]
Consent (Severance)	Yes[J]	No[No[]
Site Plan Control	Yes []	No [1

30.	IF THE ANSWER TO QUESTION 29 (above) IS YES, PLEASE PROVIDE THE FOLLOWING INFORMATION: File No. of Application:
	Approval Authority: Canty ut little
	Lands Subject to Application: 70 794 McTaggart Line Purpose of Application: Sevene a dwelling Status of Application: approad Effect on the Current Application for Amendment: Condition
	Status of Application:
	Effect on the Current Application for Amendment:
	Is nect on the Current Application for Amendment.
<u>I.</u>	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 schilch
<u>J.</u>	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.).
	postiging sign

	TO TO THE POP OWNED.	
K. AUTHORIZATION FOR AGENT/SOLICITO (If affidavit (K) is signed by an Agent/Solicitor on Owner's behal	f the Owner's written authorization below must be a	completed).
(If affidavit (K) is signed by an Agent/Solicitor on Owner's bendy	, , , , , , , , , , , , , , , , , , , ,	
I (we)	ofCounty/Region	
T(We)		
of do hereby authorize	to act as my agent in the application.	
	Date	
Signature of Owner(s)	Punc	
THE RECLADATION		
L. APPLICANT'S DECLARATION (This must be completed by the Person Filing the Applicat	ion for the proposed development site.)	
		,/
I, Doug Pront of Applicant)	the Municipality of South	Huron
(Name of Applicant)	(Name of Town, Township, etc.)	
the state	1 1 1 1 at the all of the statemen	ts contained in this
In the Region County 1 and a complete	solemnly declare that all of the statemen	ously believing it to be
application and supporting determined and large and larg	de under oath, and of victor	
Appear No. Appear to the control of	waste galoly with the owner/applicant. Anything	not requested or applied
Please be advised the responsibility for filing a complete application for in this application and subsequently found to be necessary (whi responsibility of the owner/applicant. The County/Municipality with the County/M	ch may require another application(s) and fec(s))	are the sole I any items that are not
responsibility of the owner/applicant. The County/Municipanty wi	/Municipality.	
		ibmission as a complete
application. Where the County/Municipality incurs costs for the p	of	
County/Municipality will be reimbursed such costs by the applicar In the event of third-party appeals to applications approved by the	County/Municipality, the applicant may be resp	onsible for some or all of
In the event of third-party appeals to applications approved by the the legal and other costs incurred by the County/Municipality, at t	he discretion of the County/Municipality.	
DECLARED before me at:		
Region/County/District		
In the Municipality of South Clercy		
	11/1/	
	- Chy Ku.	-
	Signature	
This day of	J Digitature	
(Year)		
	Dong Pront	
	Please Print name of Applicant	
Of The State of th	SWORN BEFORE ME AT THE Municipa	lity of
a single Coatha	South Huron, In the County of Huron and	I the
Commissioner of Oaths	Province of Ontario, this day of December ,2	017
	this day of,	1
	Somono 10 Starte	VC
	Genevieve Scharback, Clerk	
	Municipality of South Huron	
	A COMMISSIONER ETC.	Revised: December 20, 20

M. OWNER/APPLICANT'S CONSENT DECLARATION

	In accordance with the provisions of the <u>Planning Act</u> , 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 Drug Front 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.
	Signature II/12/2017 Date
API	PLICATION AND FEE OF \$ 1836 PRECEIVED BY THE MUNICIPALITY
6	Signature of Commissioner Date December 11, 2017

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 you application. This sheet will determine if comments are required from the Health Unit, and if some, the appropriate fee* must be submitted with you application and paid to the municipality (*based on the Health Unit's User Fee Schedule).

Name of Applicant: \(\square\)		
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:		
□ Consent (severance) □ Minor Variance		
☐ Zoning By-Law Amendment ☐ Plan of Subdivision/Condominium		
☐ Official Plan Amendment /		
Please answer <u>Section A</u> OR <u>Section B</u> , depending on the type of servicing available. In the followi the subject property or, in the case of a severance, each of the resulting lots. <u>Section A</u> - Where SANATARY SEWERS are available.	ng question, '	'property'' mea
Is the property within 183 metres (600 feet) of an abattoir (slaughter house)?	□ Yes	□ No
Section B - Where SEPTIC SYSTEMS are required.	•	
The application is for the creation of a new of for which the primary use will be a new dwelling (other than a new dwelling on a farm).	□ Yes	□ No
Is the property less than .4 hectares (1 acre) in area?	☐ Yes	□ 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.	□ Yes	□ No
I am uncertain of the location of the existing septic tank and tile aed on the property.	☐ Yes	□ No
There will be more than one dwelling unit on each lot.	☐ Yes	□ No
An industrial or commercial use is proposed which will require a septic system.	☐ Yes	□ No
Is the property with 183 metres (600 feet) of an abattoir (slaughter house)?	☐ Yes	□ No
The application is for a new Plan of Subdivision/Condominium	☐ Yes	□ No
	1	L

"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 tie 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))
Official Plan Amendment	\$177,25	Any required Health Unit fee should be added to the application fee and submitted in	
Rezoning	\$124.75	4.√5 one payment to the munici	one payment to the municipality. Where two
Minor Variance	\$124.76		applications are being processed together
Severance resulting in 2 lots or fewer	\$262.65		(such as a severance and a rezoning) only one fee will apply, being the higher of the two
Severance resulting in 3 lots or more	\$499.00		fees.
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 spall apply.

Name of Owner or Designated Agent		Signature and Date
To be completed by Municipal Clerk: Hos	the Health Unit Fee b	ean collected from the applicant?
☐ Yes	□ No	Amount:
Name of Clerk-Treasurer		

