

FILE NO.	
I ILL INC.	

THE CORPORATION OF THE CITY OF WELLAND

APPLICATION FOR OFFICIAL PLAN AMENDMENT

(NOTE: PRIOR TO COMPLETING THIS FORM THE APPLICANT SHOULD READ THE ATTACHED SUBMISSION REQUIREMENTS)

FOR OFFICE USE ONLY:				
APPLICATION FEES				
OFFICIAL PLAN AMENDMENT	\$9,841.00			
CONCURRENT OFFICIAL PLAN AND ZONING BY-LAW AMENDMENT	\$14,470.00			
REGIONAL MUNICIPALITY OF NIAGARA	+			
PLUS Amendments Fee				
PLUS Exempt from Regional Approval				
DATE RECEIVED:				
CITY FEE RECEIVED:				
REGION FEE RECEIVED:				
OTHER FEE RECEIVED:	·····			
DATE OF COMPLETED APPLICATION:				
APPLICATION REVIEWED BY:				
DATE:				

Please submit one (1) copy of a 'completed' Application together with the required fee(s) payable to the "City of Welland", and other required information.

NOTE: If fee(s) are required for Regional Niagara or the Niagara Peninsula Conservation Authority, please submit required fee(s) with Application.

To: City of Welland

Planning and Development Services

– Planning Division60 East Main Street

Welland, Ontario. L3B 3X4

Telephone: 905-735-1700 Fax: 905-735-8772

www.welland.ca

<u>PLEASE NOTE:</u> In accordance with Section 22(4) of The Planning Act and Ontario Regulation 543/06 the attached information must be provided. Should this Application not be completely filled out and the required fee and information not be provided, the Application shall be returned.

PLEASE TYPE OR USE BLACK INK

	DATE OF APPLICATION:	
1.	Name of Applicant:	
	Address:	Phone Number:
		Fax Number:
	Email:	
2.	Name of Owner: (if not same as above)	
	Address	Phone Number:
	Address.	Fax Number:
	Email:	1 dx (valibo).

3.	Name of Agent: (if any)			
		ne Number:		
		Number:		
	Email:			
	[An Agent, other than the Owner's Solicitor, must have written au	thorization from	the Owner(s) 1
_		anonization nom).1
4.	To Whom is all Information to be Sent?			
_		Agent	☐ All	
5.	Name of Mortgagee/Chargee:(if any)			
	Address:			
6.	Name of Official Plan requested to be amended:			
7.	Location of Property: Legal Description			
	Occasion and Let Nimbers Devictored Discound Let Ni	Defens	Diam an	al Dant
	(Concession and Lot Numbers, Registered Plan and Lot Nu Numbers)	umbers, Refere	ence Plan ar	id Part
	Street Address:			
8.	Size of Property: Frontage Metres	ot Depth	Met	res
	Area Square M	etres	☐ Hectare	es
9.	The proposed Amendment will:			
		Replace	☐ Delete	
	Change a Policy in the Official Plan.			
10.	If applicable, identify the Policy(s) to be changed, replaced or del	eted		
10.	in applicable, facility and i ency(e) to be changed, replaced of del			
11.	Will the proposed Amendment add a Policy to the Official Plan?	☐ Ye	es 🗌	No
12.				
13.	What is the Current Official Plan Designation?			
14.	What are the land uses authorized by the Designation?			
15.	Will the proposed Amendment change or replace a Designation?	Ye	es 🗌	No
15.1	If Yes, identify the Designation to be changed or replaced?			
16.	List the uses which would be authorized by the proposed Amend	ment.		
17.	Existing Land Use:			
18.	Proposed Land Use:			
19.	Existing Zoning of Lands:	By-law:		

20.	Existing Adjacent Land Uses:						
	North	n					
	East						
	Soutl	1					
	West						
21.	If the	If there are any existing buildings on the site, briefly describe them and indicate their proposed use.					
22.	What	What type of water supply exists or is proposed?					
		Publicly owned and operated piped Lake or other water body water system					
		Privately owned and operated					
23.	What	What type of sewage disposal exists or is proposed?					
		Publicly owned and operated sanitary sewage system					
		Privately owned and operated individual or communal septic system - see NOTE below					
		Privy					
		Other (specify)					
		NOTE: If a privately owned and operated individual or communal septic system is proposed and more than 4500 litres of effluent would be produced per day as a result of the development being completed, a Servicing Options Report and a Hydrogeological Report shall be provided.					
24.	Are t	he subject lands or lands within 120 metres of the subject lands the subject of an Application					

made by the Applicant under the Act as follows:

APPLICATION	IF YES -	STATUS
	FILE NUMBER	
Zoning By-law Amendme	nt	
Minister's Zoning Order		
Minor Variance		
Plan of Subdivision		
Consent		
Site Plan Control		
Official Plan Amendment		

- 25. If Yes to any of the above, provide the name of the approval authority, the lands affected, purpose and status of the application and the effect of the application on the requested Amendment. (PLEASE USE SEPARATE SHEET)
- 26. Provide the proposed text of the requested Amendment if a Policy in the Official Plan is being changed, replaced or deleted or if a Policy is being added to the Official Plan. (PLEASE USE SEPARATE SHEET)
- 27. Provide a proposed Schedule to the Official Plan if the proposed Amendment changes or replaces a Schedule in the Official Plan and the text that accompanies the Schedule. (PLEASE USE SEPARATE SHEET)

28.	municipality or es	tablish	endment alter all or any a new area of settleme ling with the alteration or	ent in a municipality.	If Yes, provide the cur	
			Yes		☐ No	
29.		nt Offic	endment remove the su cial Plan Policies, if any, d.			
			Yes		☐ No	
30.	Is the requested A Planning Act?	mend	ment consistent with the F	Policy Statements issu	ued under Section 3(1) of	f the
			Yes		☐ No	
	If No, explain.					
31.			n an area of land design uested Amendment is cor			Yes,
			Yes		☐ No	
32.	Are any buildings	design	ated under the Ontario He	eritage Act?		

34.

33. Affidavit or Sworn Declaration For Requested Information

AFFIDAVIT OR SWORN DECLARATION

Ι,					
(PRINT NAME OF APPLICANT)					
of the City of					
in the Regional Municipality of					
	the information contained in Sections 1 through 23 at the information contained in the documents that we Sections is accurate.				
Sworn (or Declared) before me at the)					
of)					
in the)	To be signed in the presence of a Commissioner for taking Affidavits.				
,	3				
this day of)					
A.D. 20	APPLICANT				
)					
A Commissioner, etc.					
Complete the Consent of the Owner concerning p	ersonal information set out below.				
CONSENT OF THE OWNER TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION					
am the Owner of the land that is the subject of this Application for approval of an Amendment to the Official Plan and for the purposes of the <u>Freedom of Information and Privacy Act</u> I authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the <u>Planning Act</u> for the purposes of processing this application.					
Date	Signature of Owner				
Date	Signature of Owner				

35. Complete the Authorization for Agent only if Applicant is not the registered Owner.

AUTHORIZATION FOR AGENT

I , (PRINT NAME)	the Owner of the subject property hereby
authorize (AGENT)	to act on my behalf with respect to this
Application.	
Date	Signature of Owner
Date	Signature of Owner

NOTE: Information provided in this Application will become part of a public record.