



**THE CORPORATION OF THE CITY OF WELLAND**  
**APPLICATION FOR SITE PLAN CONTROL**

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

<b>FOR OFFICE USE ONLY:</b>	
<b>APPLICATION FEES</b>	
SITE PLAN CONTROL APPLICATION (including preparation and registration of Agreement)	\$8,438.00
MINOR CHANGE TO SITE PLAN AGREEMENT	\$7,703.00
SITE PLAN EXEMPTION	\$4,829.00
NIAGARA PENINSULA CONSERVATION AUTHORITY, SEE ATTACHED FEE SCHEDULE	
DATE RECEIVED: _____	
CITY FEE RECEIVED: _____	
REGION FEE RECEIVED: _____	
OTHER FEE RECEIVED: _____	
DATE OF COMPLETED APPLICATION: _____	
APPLICATION REVIEWED BY: _____	
DATE: _____	

Please submit one (1) copy and one (1) electronic copy, if required, of a 'completed' application together with the required fee(s) 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 Division  
 60 East Main Street  
 Welland, Ontario. L3B 3X4  
 Telephone: 905-735-1700  
 Fax: 905-735-8772  
 www.welland.ca

**PLEASE NOTE:** Should this Application not be completely filled out and the required fee and information not be provided, the Application shall not be reviewed until completed.

1. Name of Owner: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 : \_\_\_\_\_  
 \_\_\_\_\_ Fax Number: \_\_\_\_\_

2. Name of Agent: \_\_\_\_\_  
 (if any)

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 : \_\_\_\_\_  
 \_\_\_\_\_ Fax Number: \_\_\_\_\_

[An Agent, other than the Owner's Solicitor, must have written authorization from the Owner(s).]

3. To Whom is all Information to be Sent?

[All information shall be directed to the Agent unless specified below.]

Owner  Other

4. Name of Mortgagee/Chargee: \_\_\_\_\_  
 (if any)

Address \_\_\_\_\_  
 : \_\_\_\_\_

5. Location of Property: Legal Description \_\_\_\_\_

(Lot No, Registered Plan No. Concession, Reference Plan, etc.)

Street Address: \_\_\_\_\_

6. Size of Property: Frontage \_\_\_\_\_ Metres Lot Depth \_\_\_\_\_ Metres  
 Area \_\_\_\_\_ Square Metres

7. What is the Current Official Plan Designation of the land? \_\_\_\_\_

8. Existing Zoning of Lands: \_\_\_\_\_ By-law: \_\_\_\_\_

9. If known, whether the subject land is the subject of an Application under the Act for the following and the status of the Application:

APPLICATION	IF YES - FILE NUMBER	STATUS
• Official Plan Amendment		
• Minor Variance		
• Plan of Subdivision		
• Consent		
• Zoning By-law Amendment		

10. If known, has the property ever been the subject of a Site Plan Control Agreement?

Yes  No

11. a) Existing Land Use: \_\_\_\_\_

b) The length of time the existing uses have continued: \_\_\_\_\_

12. Proposed Land Use: \_\_\_\_\_

13. Existing Adjacent Land Uses:

North \_\_\_\_\_

East \_\_\_\_\_

South \_\_\_\_\_

West \_\_\_\_\_

14. a) Are there any existing buildings or structures on the subject land?

Yes  No

b) If answer to (a) is Yes, please fill out the following:

	BUILDING 1	BUILDING 2	BUILDING 3
Type (i.e. House, Garage, Commercial Building, Accessory)			
Front Yard Setback	m	m	m
Rear Yard Setback	m	m	m
Side Yard Setback	(N,S,E,W) m	(N,S,E,W) m	(N,S,E,W) m

Side Yard Setback	(N,S,E,W)	m	(N,S,E,W)	m	(N,S,E,W)	m
Height		m		m		m
Ground Floor Area		m <sup>2</sup>		m <sup>2</sup>		m <sup>2</sup>
Gross Floor Area		m <sup>2</sup>		m <sup>2</sup>		m <sup>2</sup>

15. The date the existing buildings or structures were constructed on the subject land.

Building 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 (refer to 14 b)

16. Are any buildings designated under the Ontario Heritage Act? \_\_\_\_\_

17. a) Are there any buildings or structures proposed to be built or erected on the subject land?

Yes  No

b) If answer to (a) is Yes, please fill out the following:

	BUILDING 1	BUILDING 2	BUILDING 3
Type (i.e. House, Garage, Commercial Building, Accessory)			
Front Yard Setback	m	m	m
Rear Yard Setback	m	m	m
Side Yard Setback	(N,S,E,W) m	(N,S,E,W) m	(N,S,E,W) m
Side Yard Setback	(N,S,E,W) m	(N,S,E,W) m	(N,S,E,W) m
Height	m	m	m
Ground Floor Area	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>
Gross Floor Area	m <sup>2</sup>	m <sup>2</sup>	m <sup>2</sup>

18. The date the subject land was acquired by the current Owner: \_\_\_\_\_

19. What type of water supply exists or is proposed?

Publicly owned and operated system  Lake or other water body  
 Well (private or commercial)  Other (specify) \_\_\_\_\_

20. What type of sewage disposal exists or is proposed?

Publicly owned and operated system  
 Septic system (private or commercial)  
 Other (specify) \_\_\_\_\_

21. What type of storm drainage is provided?

Sewers  Swales  
 Ditches  Other (specify) \_\_\_\_\_

22. Type of access to subject lands?

Provincial highway  Other public road  
 Municipal road maintained all year  Right-of-way  
 Municipal road maintained seasonally  Water access

23. Affidavit or Sworn Declaration For Requested Information

**AFFIDAVIT OR SWORN DECLARATION**

I, \_\_\_\_\_  
(PRINT NAME OF APPLICANT)

of the City of \_\_\_\_\_

in the Regional Municipality of \_\_\_\_\_

make oath and say (or solemnly declare) that the information contained in Sections 1 through 22 inclusive of this Application is true and that the information contained in the documents that accompany this Application in respect of the above Sections is true.

Sworn (or Declared) before me at the \_\_\_\_\_ )  
\_\_\_\_\_ of \_\_\_\_\_ )  
in the \_\_\_\_\_ )  
\_\_\_\_\_ )  
this \_\_\_\_\_ day of \_\_\_\_\_ )  
A.D. 20 \_\_\_\_\_ )

To be signed in the presence of a  
Commissioner for taking Affidavits.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
A Commissioner, etc.

24. Complete the Consent of the Owner concerning personal information set out below.

**CONSENT OF THE OWNER TO THE USE AND  
DISCLOSURE OF PERSONAL INFORMATION**

I, \_\_\_\_\_  
am the Owner of the land that is the subject of this Application for approval of an Application for Site Plan Control and for the purposes of the Freedom of Information and Privacy Act 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 Planning Act for the purposes of processing this application.

\_\_\_\_\_  
Date

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

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

**AUTHORIZATION FOR AGENT**

I, \_\_\_\_\_ the Owner of the subject property hereby  
(PRINT NAME)

authorize \_\_\_\_\_ to act on my behalf with respect to this  
(AGENT)

Application.

\_\_\_\_\_  
Date

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

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