FILE NO. _____

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	$10,340.00
CONCURRENT OFFICIAL PLAN AND ZONING BY-LAW AMENDMENT	$15,204.00
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 Division
60 East Main Street
Welland, Ontario. L3B 3X4
Telephone: 905-735-1700
Fax: 905-735-8772
www.welland.ca

PLEASE NOTE: 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: _____

_____ Fax Number: _____

Email: _____

3. Name of Agent: (if any) _____

Address: _____ Phone Number: _____

_____ Fax Number: _____

Email: _____

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

4. To Whom is all Information to be Sent?

☐ Applicant ☐ Owner ☐ 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 _____

_____

_____

(Concession and Lot Numbers, Registered Plan and Lot Numbers, Reference Plan and Part Numbers)

Street Address: _____

8. Size of Property: Frontage _____ Metres Lot Depth _____ Metres

Area _____ ☐ Square Metres ☐ Hectares

9. The proposed Amendment will:

☐ Change ☐ Not Change ☐ Replace ☐ Delete

a Policy in the Official Plan.

10. If applicable, identify the Policy(s) to be changed, replaced or deleted. _____

_____

_____

11. Will the proposed Amendment add a Policy to the Official Plan? ☐ Yes ☐ No

12. What is the purpose of the requested Amendment? _____

_____

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? ☐ Yes ☐ No

15.1 If Yes, identify the Designation to be changed or replaced? _____

_____

16. List the uses which would be authorized by the proposed Amendment. _____

_____

17. Existing Land Use: _____

_____

18. Proposed Land Use: _____

_____

19. Existing Zoning of Lands: _____ By-law: _____

20. Existing Adjacent Land Uses:

North _____

East _____

South _____

West _____

21. If there are any existing buildings on the site, briefly describe them and indicate their proposed use.

_____

_____

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

☐ Publicly owned and operated piped water system ☐ Lake or other water body

☐ Privately owned and operated individual or communal well ☐ Other (specify) _____

23. 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 the 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 – FILE NUMBER	STATUS
• Zoning By-law Amendment		
• 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. 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. If Yes, provide the current Official Plan Policies dealing with the alteration or establishment of an area of settlement.

☐ Yes ☐ No

29. Does the requested Amendment remove the subject land from an area of employment? If Yes, provide the current Official Plan Policies, if any, dealing with the removal of land from an area of employment are required.

☐ Yes ☐ No

30. Is the requested Amendment consistent with the Policy Statements issued under Section 3(1) of the Planning Act?

☐ Yes ☐ No

If No, explain.

31. Is the subject land within an area of land designated under any Provincial Plan or Plans? If Yes, indicate whether the requested Amendment is consistent with the Provincial Plans or Plan.

☐ Yes ☐ No

32. Are any buildings designated under the Ontario Heritage Act? _____

33. 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 23 inclusive of this Application is accurate and that the information contained in the documents that accompany this Application in respect of the above Sections is accurate.

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

_____
A Commissioner, etc.

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

_____
APPLICANT

34. 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 Amendment to the Official Plan 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

_____ _____
Date Signature of Owner

35. 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

_____ _____
Date Signature of Owner

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