



Application for Temporary Use By-law Garden Suites
 (Section 39.1 of the Planning Act, R.S.O. 1990, c. P.13, as amended)

For Use by Principal Authority	
File Number:	Pre-consultation completed:
Roll Number:	Fee Received:
	Deemed Complete:

Application for a Zoning By-law Amendment (Garden Suite)		
New Application <input type="checkbox"/>		Renewal <input type="checkbox"/>
Owner Information		
Name of Owner(s):		
Address (Building/Fire Number, Street Name)		
City, Province, Postal Code		
Phone:	Cell:	Fax:
Email:		
Agent Information (if authorized by the owner):		
Name of Agent:		
Address (Building/Fire Number, Street Name)		
City, Province, Postal Code		
Phone:	Cell:	Fax:
Email:		
Encumbrances:		
If known, the name(s) and addresses of holder(s) of any mortgages, charges or other encumbrance(s) in respect to the subject lands:		

Planning Information:

Official Plan – current designation of the subject land:

Explain how the application conforms to the Official Plan (attach an additional sheet if necessary):

Zoning By-law – current zoning of the subject land:

Relief – Nature and extent of relief from the Zoning By-law (attach an additional sheet if necessary):

Reason – why is the rezoning being requested (attach an additional sheet if necessary):

Provide details, including the name of the person(s) to be living in the Garden Suite

Are there minimum and maximum height requirements on the property?

Yes

No

If yes, what are they and are they being met?

Does this application propose to implement or alter a boundary of an area of settlement? Yes No

If yes, please explain the details of the Official Plan or Official Plan Amendment that deal with this matter.

Does this application propose to remove land from an area of employment? Yes No

If yes, please explain the details of the Official Plan or Official Plan Amendment that deal with this matter.

Is the subject land in an area where zoning conditions may apply? Yes No

If yes, please explain how the application conforms to the Official Plan policies relating to the zoning conditions.

Does this application conform to the Provincial Policy Statement? Yes No

If yes, please explain how.

Is the subject land within an area of land designated under any provincial plan or plans (i.e. Growth Plan, Green Belt Plan, etc): Yes No

If yes, does the application conform to or does not conflict with the applicable provincial plan(s)? Explain:

Other Applications – If known, indicate if the subject land is the subject of an application under the Act for:

- | | | |
|--|----------------------------|---------------|
| <input type="checkbox"/> Plan of Subdivision (under Sec. 51) | File # _____ | Status: _____ |
| <input type="checkbox"/> Consent (Severance) (under Sec. 53) | File # _____ | Status: _____ |
| <input type="checkbox"/> Previous Rezoning Application (under Sec. 34) | File # _____ | Status: _____ |
| <input type="checkbox"/> Minor Variance (under Sec.45) | File # _____ | Status: _____ |
| <input type="checkbox"/> Minister's Zoning Order | Ontario Regulation # _____ | _____ |

Property Information:				
Legal Description of the subject land:				
Lot	Concession	Ward	Registered Plan No.	Lot/Block
Street Address			Reference Plan	Part Number
Dimensions of Land Affected (in metric units):				
Frontage:		Depth:		Area:
Access – to the subject land is by:				
<input type="checkbox"/> Municipal Road – Year Round		<input type="checkbox"/> Private Road		
<input type="checkbox"/> County Road		<input type="checkbox"/> Right-of-way		
<input type="checkbox"/> Provincial Highway		<input type="checkbox"/> Water Access Only (see below)		
<input type="checkbox"/> Other (specify): _____				
Water is provided to the subject land by:				
<input type="checkbox"/> Privately-owned/operated individual well		<input type="checkbox"/> Publicly-owned/operated piped water system		
<input type="checkbox"/> Privately-owned/operated communal well		<input type="checkbox"/> Lake or other water body		
<input type="checkbox"/> Other (specify): _____				
Sewage Disposal is provided to the subject land by:				
<input type="checkbox"/> Privately-owned/operated individual septic system		<input type="checkbox"/> Publicly-owned/operated sanitary sewage system		
<input type="checkbox"/> Privately-owned/operated communal sewage system		<input type="checkbox"/> Privy		
<input type="checkbox"/> Other (specify): _____				
Does the application permit development on Privately owned/operated individual or communal septic system and more that 4 500 Litres of effluent would be produced per <input type="checkbox"/> Yes <input type="checkbox"/> No day as a result of the development being completed:				
<i>Note: If yes, a servicing options report and a hydrogeological report are required. S</i>				
Storm Drainage is provided to the subject land by:				
<input type="checkbox"/> Sewers		<input type="checkbox"/> Ditches		
<input type="checkbox"/> Swales		<input type="checkbox"/> Other (specify): _____		
Existing Uses and Buildings:				
Existing Uses of subject land:				
Length of time the existing uses of the subject land have continued:				
Date purchased by current owner:				

Buildings – Structures – Detail all buildings or structures (including the Garden Suite) that are located or proposed on the subject lands (in metric).

Type: _____	Front lot line setback: _____	Height in metres: _____
Date Constructed: _____	Rear lot line setback: _____	Dimensions: _____
_____	Side lot line setback: _____	Floor Area: _____
_____	Side lot line setback: _____	Coverage: _____
_____	High-water mark setback _____	_____

Type: _____	Front lot line setback: _____	Height in metres: _____
Date Constructed: _____	Rear lot line setback: _____	Dimensions: _____
_____	Side lot line setback: _____	Floor Area: _____
_____	Side lot line setback: _____	Coverage: _____
_____	High-water mark setback _____	_____

Type: _____	Front lot line setback: _____	Height in metres: _____
Date Constructed: _____	Rear lot line setback: _____	Dimensions: _____
_____	Side lot line setback: _____	Floor Area: _____
_____	Side lot line setback: _____	Coverage: _____
_____	High-water mark setback _____	_____

Type: _____	Front lot line setback: _____	Height in metres: _____
Date Constructed: _____	Rear lot line setback: _____	Dimensions: _____
_____	Side lot line setback: _____	Floor Area: _____
_____	Side lot line setback: _____	Coverage: _____
_____	High-water mark setback _____	_____

Declaration of Owner

Notice of Collection

Personal information contained in this form and schedules collected will be used in the administration of the application and information contained herein may be available to the public in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Questions regarding this collection and its release under the Act should be directed to the Township of Selwyn, Attention: Clerk, P.O. Box 270, Bridgenorth, Ontario K0L 1H0, telephone 705-292-9507 ext. 221 during business hours.

Consent of the Owner to the use and Disclosure of Information and Supporting Documentation

I, _____, am the owner of the land that is the subject of this application and I understand the information and any reports/studies and supporting documentation submitted in support of this application may be disclosed to the public in accordance with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

Authorization by Owner

I, the undersigned, being the owner of the subject land, hereby, authorize, _____ (Agent) to be the applicant in the submission of this application.

(Signature of Owner)

(Signature of Witness)

Date: _____

Declaration by Owner or Applicant

I, _____ of the _____
(owner or applicant) (Township, Village, City, etc.)

in the _____ Solemnly declare that:
(County, Province, etc.)

All the statements contained in this application and provided by me are true 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.

(Signature of Owner or Applicant)

Commissioner

Declared before me at _____ in the
(Township, Village, City, etc.)

_____ this _____ day of _____
(County, Province, etc.)

(Signature of Commissioner, etc.)

This application must be accompanied by the Township of Selwyn's application fee, and the Otonabee Region Conservation Authority's fee. The applicable fees may vary depending on the complexity of the application. Please refer to the Schedule of Planning Fees on our website, or contact the Planning Department to determine the fee.