



The Corporation of the Township of Brock

Official Plan Amendment Application

| | |
|------------------------|-------------------------------|
| Office Use Only | |
| Date Received: | _____ |
| O.P.A. File No.: | _____ |
| Regional O.P.A. File: | _____ Yes _____ No File:_____ |
| Zoning File: | _____ Yes _____ No File:_____ |

Prior to the submission of this application, the applicant, agent or owner is encouraged to discuss the proposal with Regional Planning staff to ensure conformity with the Regional Official Plan. If required, an application to amend the Regional Official Plan should be submitted concurrently with this application.

Pursuant to the provisions of the *Planning Act*, R.S.O. 1990, as amended, I/we hereby submit an application for an amendment (as hereinafter set out) to the **Official Plan of the Township of Brock**, as otherwise amended, of the Corporation of the Township of Brock, in respect of the lands hereinafter described.

I/We enclose herewith the **non-refundable** fee in accordance with Planning Fees By-law No. 1290-94-PL and **agree to pay any further costs which may be determined by the Council of the Township of Brock (i.e., legal, planning, engineering, etc.)**. In addition, depending on the nature of the application, you may be required to enter into a Financial Agreement with the municipality pursuant to Planning Fees By-law No. 1290-94-PL, as amended, to cover the cost of consulting and other services rendered to and by the Township in conjunction with the processing of this application. I/We also agree to reimburse the Township of Brock for any costs which may be incurred before the Ontario Municipal Board and awarded by that Board arising as a result of this application.

On September 1, 1994, the Regional Municipality of Durham became the approval authority for area official plans and amendments thereto. Your application for an amendment to the Official Plan will be circulated to the Regional Planning Department for comment. Regional staff will advise as to its conformity to the Regional Official Plan as well as whether the application is exempt from Regional approval.

Further, **additional fees** for agency review and approval (Durham Region Planning/Durham Region Health (private services only)/Conservation Authority) are payable at the time of application to the Township of Brock. Please contact the Clerk's Department for current agency review fees that apply to your application.

1. **Applicant:** _____
Address: _____
Phone: _____ Fax: _____ Email: _____

2. **Authorized Agent:** _____
Address: _____
Phone: _____ Fax: _____ Email: _____

3. **Registered Owner:** _____
Address: _____
Phone: _____ Fax: _____ Email: _____

4. **Matters Related to This Application Should be addressed to:**
Applicant _____ Or Agent _____ Or Owner _____

In the event you are making application for a plan of subdivision/condominium or zoning by-law, please use the same person identified above to co-ordinate both applications.

5. **Type of Application:**
Check the appropriate box below. Depending on the purpose of this application, more than one box may need to be checked.

5.1 An application to amend the Official Plan that proposes to add new policy or change, delete or replace an approved policy.

a) Describe the purpose of the proposed amendment _____

b) Identify the policy to be added, changed, deleted or replaced _____

c) What is the current land use designation of the subject land, if applicable?

d) What land uses are permitted by the current designation of the subject land, if applicable? _____

e) What land uses would be permitted on the subject land by the proposed amendment, if applicable? _____

5.2 An application to amend the Official Plan that proposes to change or replace the land use designation of the subject land.

a) What is the general location of the subject land (Complete section 6)?

b) What is the current designation of the subject land? _____

- c) What land uses are permitted by the current designation of the subject land? _____

- d) What land uses would be permitted by the proposed designation of the subject land? _____

5.3 An area municipal Official Plan
Does it replace an existing plan? _____ YES _____ NO

6. Property Description:

Township Lot _____ Concession _____
Registered Plan No. _____ Lot _____
Municipal Address _____
Former Municipality _____
Dimensions of Entire Property (Metric):
Area: _____ Frontage _____
Depth _____
Dimensions of the Land Subject of Application:
Area: _____ Frontage _____
Depth _____

7. Land Use Designation – Region of Durham Official Plan:

Current: _____ Proposed: _____

8. Zoning By-law Category:

Current: _____ Proposed: _____

9. Has an Application Been Submitted For:

| | YES | NO | FILE/STATUS |
|------------------------|-----|----|-------------|
| Regional Official Plan | | | |
| Township Zoning By-Law | | | |
| Consent (Severance) | | | |
| Subdivision | | | |
| Condominium | | | |
| Site Plan Approval | | | |

10. Has the Subject Land Been the Subject of a Previous Application for an Official Plan Amendment:

_____ Yes _____ No _____ Unknown

If yes, indicate application file number and decision made on the application:

11. Land Use:

Present Use: _____

Proposed Use: _____

Previous Use: _____

Existing Buildings: _____
(No. & Type) _____

Proposed Buildings: _____
(No. & Type) _____

Adjacent Land Uses: North _____

South _____

East _____

West _____

12. If Residential Development is Proposed, Specify:

Number of Single Family Dwellings _____

Number of Semi-Detached Units _____

Number of Multiple Family Units _____

Overall Gross Density _____

Open Space (Ha) _____ Other Uses _____

13. If Commercial Development is Proposed, Specify:

Gross Floor Space (Square Metres) _____

Gross Leasable Floor Space _____

Types of Uses Proposed _____

14. If Industrial Development is Proposed, Specify:

Usable Floor Space (Square Metres) _____

Types of Uses Proposed _____

15. Servicing:

15.1 Indicate the proposed type of servicing below, selected from the table and attach any servicing information/reports required as identified in the table.

a) The Proposed Type of Sewage Disposal System A B C D

b) The Proposed Type of Water Supply System A B C D E

c) The Name of Servicing Information/Report: _____

Attached? YES NO

| Table E – Sewage Disposal and Water Supply | |
|---|---|
| Service Type | Action or Required Information/Reports |
| Sewage Disposal | |
| A. Municipal piped sewage system | None at this time. Region will determine if sewage plant capacity is available. |
| B. Municipal or private communal septic system | For more than 5 lots/units: a servicing options statement ⁽¹⁾ , a hydrogeological report ⁽²⁾ , and an indication whether a public body is willing to own and operate the system ⁽³⁾ . For up to 5 lots/units each generating less than 4500 litres per day effluent: a hydrogeological report ⁽²⁾ . |
| C. Individual septic systems | For more than 5 lots/units: a servicing options statement ⁽¹⁾ and a hydrogeological report ⁽²⁾ . For up to 5 lots/units each generating less than 4500 litres per day effluent: a hydrogeological report ⁽²⁾ . |
| D. Other | Describe: |
| Water Supply | |
| A. Municipal piped water system | None at this time. Region will determine if water treatment plant capacity is available. |
| B. Municipal or private communal wells | For more than 5 lots/units: a servicing options statement ⁽¹⁾ , a hydrogeological report ⁽²⁾ , and an indication whether a public body is willing to own and operate the system ⁽³⁾ . For non-residential development where water will be used for human consumption: a hydrogeological report ⁽²⁾ . |
| C. Individual wells | For the development of more than 5 lots/units: a servicing options statement ⁽¹⁾ and a hydrogeological report ⁽²⁾ . For non residential development where water will be used for human consumption: a hydrogeological report ⁽²⁾ . |
| D. Communal surface water | A 'water taking permit' under Section 34 of the <i>Ontario Water Resources Act</i> . |
| E. Individual surface water | MNR clearance should accompany the servicing options report submitted to MOEE. |
| F. Other | Describe: |
| <p>(1) Written confirmation that the Ministry of Environment and Energy (MOEE) and the Region concur with the servicing options statement will facilitate the review of the application.</p> <p>(2) All development on individual or communal septic tanks requires a hydrogeological report. Before undertaking such a report, consult MOEE and the Region's Health Department about the type of hydrogeological assessment that is expected based on the nature and location of the proposal.</p> <p>(3) Where communal services are proposed (water and/or sewage), it is Provincial policy that these services must be owned by the Region, unless otherwise permitted by MOEE. Current Regional policy does not provide for the Region to own communal services.</p> | |

16. **Storm Drainage:**

Open Ditch _____ Curb/Gutter _____ Other _____

17. Access:

Maintained Municipal Road _____ Yes _____ No

Regional Road _____

Provincial Highway _____

Right of Way _____

Water _____ (If Yes, attach description of the parking and docking facilities to be used and the approximate distance the subject land to the nearest public road).

18. Is the proposed application location within 500 metres of an existing livestock facility? _____ Yes _____ No

If yes, please complete the attached form entitled Data Sheet – MDS.

19. Environmental Site Screening Questionnaire

a) What is the current use of the property? Check the appropriate use (see O.Reg. 153/04):

- ___ Industrial
- ___ Commercial
- ___ Community Use
- ___ Residential
- ___ Institutional
- ___ Parkland or Agricultural

Note: daycare uses are defined as institutional. See Ontario Regulation 153/04, as amended, for definitions.

b) Does this application involve a change to a more sensitive land use i.e.: change from industrial, commercial or community use to residential, institutional, parkland or agricultural use? Refer to sections 11, 12, 13, 14, and 15 of O. Reg. 153/04, as amended. Yes _____ No _____

c) Is the application on land or adjacent to lands that were previously used for the following:

i) Industrial Uses: Yes _____ No _____

If yes, please describe the approximate dates and type of industry.

ii) Commercial uses where there is a potential for site contamination, e.g., automotive repair garage, a bulk liquid dispensing facility including a gasoline outlet, chemical warehousing or for the operation of dry-cleaning equipment? Yes _____ No _____

If yes, please describe the approximate dates and type of commercial activities.

iii) Has the grading of the subject land been changed by adding earth or materials and/or filling occurred on the subject lands? Lands where filling has occurred? Yes _____ No _____

- iv) Have the subject lands ever been subjected to chemical spills or hazardous chemical uses i.e. an orchard where cyanide products may have been used as pesticides? Yes_____ No_____
- v) Have the subject lands or adjacent lands ever been used as an agricultural operation where herbicides or sewage sludge have been applied to the property? Yes_____ No_____
- vi) Have the subject lands or adjacent lands ever been used as a weapons firing range? Yes_____ No_____
- vii) Is the nearest boundary of the application within 250 metres of the fill area of an operating or former landfill or dump, or a waste transfer station or PCB storage site? Yes_____ No_____
- viii) If there are existing or previously existing buildings, are there any building materials remaining on the site which are potentially hazardous to human health (e.g., asbestos, PCB's, etc.)? Yes_____ No_____
- ix) Has there been a heating fuel oil spill on the property? Yes_____ No_____
- x) Are there or have there ever been above ground or underground storage tanks on the property? Yes _____ No _____
- xi) Has waste (garbage, solid wastes, liquid wastes) ever been placed on this property? Yes_____ No_____

Provide a description of waste materials:

- xii) Have hazardous materials ever been stored or generated on the property (e.g. Has Hazardous Waste Information Network (HWIN) registration or other permits been required? Yes_____ No_____

Please summarize:

- xiii) Does the property support or has it ever supported one or more of the potentially contaminating activities set out in Table 2 of Schedule D of Ontario Regulation 153/04, as amended (see attachment)? Yes_____ No_____

If yes, provide details:

- xiv) Is there any other reason to believe that the subject property may be potentially contaminated based on historical use of this or an abutting property? Yes_____ No_____

If yes, provide details:

If the answer to any of the questions above was YES, a Phase 1 and/or Phase 2 Environmental Site Assessment (ESA), which satisfies the requirements of O.Reg. 153/04, as amended, is required. Please submit two copies with your application.

- d) Has an Environmental Site Assessment been prepared for this site within the last 5 years, or is an Environmental Site Assessment currently being prepared for this site? Yes_____ No_____

If YES, please submit two copies of the Phase 1 Assessment with the application.

- e) Has a Risk Assessment been accepted by the Ministry of Environment (MOE) or a Certificate of Property Use been issued by the MOE for this site? Yes_____ No_____

If YES, please submit two copies of the Risk Assessment and the Certificate of Property Use with the application.

Declaration: This form must be completed and signed by the Property Owner. If the answer to Question 19(f) was "Yes", this form must also be signed by a Qualified Person, as defined in O. Reg. 153/04. The signature of a Qualified Person may also be required if the answer to any of Questions 19 (a) through (d) was "Yes".

To the best of my knowledge, the information provided in this questionnaire is true, and I do not have any reason to believe the subject site contains contaminants at a level that would interfere with the proposed property use.

20. Conformity with Provincial Plans:

- a) Is this application consistent with the Provincial Policy Statement? Yes_____ No_____

- b) Is the subject land within the Greenbelt Area? Yes_____ No _____
If yes, please specify whether the application conforms To or does not conflict with the Greenbelt Plan:

- c) Please specify whether the application conforms to or does not conflict with the Growth Plan for the Greater Golden Horseshoe:

21. Other Information:

Is there any other information available that may assist the Township in reviewing this application, if so, please attach to the completed application.

22. Supplementary and Supporting Material:

- a) Survey or sketch (2 copies) showing thereon:
 - Applicant's/owner's total holdings;

24. Affidavit of Professional Engineer
(If required as per Question 19)

I/We _____ of the _____
of _____ in the Region/County of _____
do solemnly declare that:

All of the above statements contained herein are true, and I make this solemn declaration conscientiously believing it to be true and knowing that it is the same force and effect as if made under oath and by virtue of "The Canada Evidence Act."

DECLARED before me at the _____)
_____)
of _____ in the Region/County of _____) _____
_____) Signature
this _____ day of _____, 2_____ A.D.)
_____)

A Commissioner, etc.

Data Sheet - MDS

Part I – To Be Completed by Applicant

This is to be completed and attached to the application when applying for a new non-farm use within 500 metres (1,640 feet) of an existing livestock facility. Complete one sheet for each different set of buildings used for housing livestock.

Owner of Livestock Facility: _____

Telephone: _____ Twp.: _____

Lot: _____ Concession: _____

Closest distance from livestock facility to the property boundary of the new lot(s) or the change in land use (metres) _____

Closest distance from the manure storage to the property boundary of the new lot(s) or the change in land use (metres) _____

Tillable Hectares where Livestock Facility Located _____

| Type of Livestock | Existing Housing Capacity # | Manure System (Check One Box) | | | |
|---|-----------------------------|-------------------------------|--------------------|------------------|------------------------|
| | | Covered Tank | Open Solid Storage | Open Liquid Tank | Earthen Manure Storage |
| DAIRY <input type="checkbox"/> Milking Cows <input type="checkbox"/> Heifers | | | | | |
| BEEF <input type="checkbox"/> Cows (Barn Confinement) <input type="checkbox"/> Cows (Barn with yard) <input type="checkbox"/> Feeders (Barn confinement) <input type="checkbox"/> Feeders (Barn with yard) | | | | | |
| SWINE <input type="checkbox"/> Sows <input type="checkbox"/> Weaners <input type="checkbox"/> Feeder Hogs | | | | | |
| POULTRY <input type="checkbox"/> Chicken Broiler/Roasters <input type="checkbox"/> Caged Layers <input type="checkbox"/> Chicken Breeder Layers <input type="checkbox"/> Pullets <input type="checkbox"/> Meat Turkeys (>10kg) <input type="checkbox"/> Meat Turkeys (5-10kg) <input type="checkbox"/> Meat Turkeys (<5kg) <input type="checkbox"/> Turkeys Breeder Layers | | | | | |
| HORSES | | | | | |
| SHEEP <input type="checkbox"/> Adult Sheep <input type="checkbox"/> Feeder Lambs | | | | | |
| MINK - Adults | | | | | |
| WHITE VEAL CALVES | | | | | |
| GOATS <input type="checkbox"/> Adult Goats <input type="checkbox"/> Feeder Goats | | | | | |
| OTHER | | | | | |

The above information was supplied by:

Name: _____
(Please Print)

Signature: _____

Firm (If Applicable): _____
(Please Print)

Part II – To Be Completed by the Township

| |
|---|
| File/Application No.: _____ |
| Minimum Separation Distance: _____ |
| Does the Application Comply With the MDS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Prepared by: _____ Date: _____ |