



Township of Brock  
1 Cameron Street East, P.O. Box 10  
Cannington, Ontario  
L0E 1E0

## Application for Approval of a Draft Plan of Subdivision or Condominium

### Office Use Only

Date Received:

File Number:

☐ Have you completed a pre-consultation review with the Township of Brock Development Services Department? If yes, please list the date of the meeting and the municipal contact:

☐ Have you completed all questions in the application form?

☐ Have you completed and attached the Site Screening Questionnaire?

☐ Is Minimum Distance Separation (MDS) applicable to the subject lands?

☐ Has the Declaration page been signed by the applicant and commissioned by a Commissioner of Oaths? If not, please contact Development Services staff.

☐ If you are acting as Authorized Agent, have you enclosed a signed Authorization from Owner?

☐ Have you included all the required application and agency fees? If you are unsure as to the fees payable, please contact Brock Township Development Services staff. **Note: Fees are non-refundable. Complete applications must include all fees.**

☐ Have you included a digital copy (to be sent via email, USB or digital transfer) of the fully completed and signed Application form and required materials?

☐ Have you attached all applicable supporting documents (reports/studies)?

**Please note: Incomplete applications will not be accepted and will be returned to the Applicant/Agent.**



## **Application for Approval of a Draft Plan of Subdivision or Condominium**

### **Instructions to applicant, please read carefully before completing the application.**

- A. All questions in the application form must be completed in full otherwise the application will be deemed incomplete and returned to you.
- B. Pursuant to the provisions of the Planning Act, R.S.O. 1990, as amended, the undersigned hereby submits an application to the Corporation of the Township of Brock for approval of a plan of subdivision/condominium in respect of the lands hereinafter described.
- C. The following application fees apply at submission\*:
  - ☐ Township of Brock - \$15,000 for a residential subdivision application submitted in cash or cheque made payable to the Township of Brock;
  - ☐ Township of Brock - \$7,500 for a non-residential subdivision application submitted in cash or cheque made payable to the Township of Brock;
  - ☐ Durham Region - \$5,000 for application submitted, certified funds, unless drawn on a solicitor's cheque;
  - ☐ Other agency fees - prior to submitting your application you must contact other agencies to confirm fees applicable to your draft plan of subdivision / condominium application:
    - ☐ Durham Region Health Department if involves private sanitary servicing
    - ☐ Lake Simcoe Region Conservation Authority if within LSRCA's regulated area
    - ☐ Kawartha Region Conservation Authority if within KRCA's regulated area

The application fees are payable based upon the rate in the Planning Fees By-law in effect on the date the application(s) are received and non-refundable. Contact Township staff to confirm fees prior to application submission as the fees are subject to periodic review and change.

The undersigned agrees to pay any further costs which may be determined by the Council of the Township of Brock (i.e., legal, planning, engineering, etc.). Depending on the nature of the application, the applicant/owner may be required to enter into a Financial Agreement with the municipality, pursuant to the Planning Fees By-law to cover the cost of consulting services rendered to the Township in conjunction with the processing of this application. The undersigned also agrees to reimburse the Township of Brock for any costs which may be incurred before the Ontario Land Tribunal and awarded by that OLT arising as a result of this application.

- D. Please note the application together with any and all documents related thereto are a public record and as such are available for viewing or duplication by the general public upon request.
- E. Submission of this application constitutes tacit consent for authorized Municipal staff representatives to inspect the subject lands or premises, and to carry out any inspections, tests and investigations as may be required.
- F. The complete application package and fee must be submitted to the Township of Brock:  
Township of Brock – Development Services  
1 Cameron Street East, P.O. Box 10  
Cannington, Ontario L0E 1E0  
[planning@brock.ca](mailto:planning@brock.ca)

## 1. Contacts

### **Owner:**

Name: \_\_\_\_\_

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

City/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*If more than one owner, please attach a separate sheet which includes all applicable information above. If numbered company, include name and address of principal owner.

### **Applicant:**

Name: \_\_\_\_\_

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

City/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*An owner's authorization form is required if the applicant is not the owner.

### **Authorized Agent:**

Name: \_\_\_\_\_

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

City/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Correspondence to be sent to (select only one):

☐ Owner

☐ Applicant

☐ Agent

Holders of mortgages, charges or other encumbrances in respect to the subject land:

☐ Yes

☐ No

☐ Unknown

Name: \_\_\_\_\_

Address(es): \_\_\_\_\_

## 2. Property Information of subject lands:

Legal Description including Lot & Concession \_\_\_\_\_

List part numbers on draft or registered 40R-Plan \_\_\_\_\_

Do the parts of the severance application form the entirety of the lot/parcel? ☐ Yes ☐ No

Municipal address, if available \_\_\_\_\_

Assessment Roll Number: 1839- \_\_\_\_\_ (15 digits total)

### Dimensions of Entire Property (Metric Units)

Lot Area (m<sup>2</sup>): \_\_\_\_\_

Lot Frontage (m): \_\_\_\_\_

Lot Depth (m): \_\_\_\_\_

### Dimensions of Lands Subject to Application (Metric Units)

Lot Area (m<sup>2</sup>): \_\_\_\_\_

Lot Frontage (m): \_\_\_\_\_

Lot Depth (m): \_\_\_\_\_

### Interests and Encumbrances

Are there any existing easements, rights-of-way or restrictive covenants affecting the subject lands?

☐ Yes ☐ No

If Yes, please describe each easement or covenant and its effect:

Are there any existing easements, rights-of-way or other rights over adjacent properties affecting the subject land (e.g. mutual driveways)?

☐ Yes ☐ No

If yes, please describe and show on the plan the nature and location of the easement, rights-of-way or other rights over adjacent properties:

Does the Owner have an interest in nearby or adjoining lands?

☐ Yes      ☐ No

If yes, please indicate the location and area of nearby or adjoining lands which the Registered Owner has an interest:

### Other Details

Date the site was acquired by the current Owner (if known):

☐ Unknown

List the existing buildings and structures on the lands:

☐ Unknown

Date(s) existing buildings and structures were constructed on the property (if known):

☐ Unknown

Length of time the existing uses on the site have continued (if known):

☐ Unknown

Has the grading of the subject land been changed by the addition of earth or other material?

☐ No      ☐ Yes – Please describe:

☐ Unknown

### 3. Current and Previous Use of the Subject Lands

Existing Land Use: \_\_\_\_\_

Previous Land Use: \_\_\_\_\_

☐ Unknown

#### Adjacent Land Use

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

### 4. Current Planning Status

Durham Region Official Plan designation: \_\_\_\_\_

Township of Brock Official Plan designation: \_\_\_\_\_

Zoning: \_\_\_\_\_

**5. Conformity and Consistency with Provincial Policies and Plans:**

Is the application consistent with the Provincial Planning Statement? ☐ Yes ☐ No

Explanation: \_\_\_\_\_

Does the application conform with A Place to Grow: Growth Plan for the Greater Golden Horseshoe? ☐ Yes ☐ No

Explanation: \_\_\_\_\_

Does the application conform with the Greenbelt Plan? ☐ Yes ☐ No

Explanation: \_\_\_\_\_

Does the application conform with the Lake Simcoe Protection Plan? ☐ Yes ☐ No

Explanation: \_\_\_\_\_

Is a Planning Justification Report providing the above information attached? ☐ Yes ☐ No

**6. Conformity with Official Plans**

Does this application conform to the Durham Regional Official Plan? ☐ Yes ☐ No

If no, please explain why: \_\_\_\_\_

If no, a Durham Regional Official Plan Amendment application must be received, otherwise this application will be considered to be premature.

Does this application conform to the Brock Township Official Plan? ☐ Yes ☐ No

If no, please explain why: \_\_\_\_\_

If no, a Township of Brock Official Plan Amendment application must be received, otherwise this application will be considered to be premature.

## 7. Proposed Land Uses

Proposed Land Uses	No. of Units or Dwellings	No. of Lots/Blocks	No. of Parking Spaces	Total Area (hectares)	Gross Density (units/dwellings per ha)	Net Density (units/dwellings per ha)
Detached Residential						
Semi-Detached Residential						
Multiple Attached Residential						
Apartment Residential						
Seasonal Residential						
Mobile Home						
Other Residential (specify) _____						
Commercial (specify) _____						
Industrial (specify) _____						
Park, Open Space (specify) _____						
Institutional (specify) _____						
Roads						
Other (specify) _____						
<b>Totals</b>						

## 8. Additional Information for Condominium Applications Only

Please indicate the proposed type of condominium that is being requested:

☐ Standard                      ☐ Common Elements      ☐ Phased                      ☐ Vacant Land

Has a site plan for the proposed condominium been approved?                      ☐ Yes                      ☐ No

Has a site plan agreement been entered into?                      ☐ Yes                      ☐ No

Has a building permit for the proposed condominium been issued?                      ☐ Yes                      ☐ No

If yes, please provide the date the permit was issued:

Has construction of the development started?                      ☐ Yes                      ☐ No

If yes, please provide the date construction started: \_\_\_\_\_

If construction has been completed, please provide the completion date:

Is this a conversion of a building containing rental residential units?                      ☐ Yes                      ☐ No

If yes, indicate the number of units to be converted:

## 9. Other Planning Applications

Please indicate if the subject land was ever subject of an application for approval for any of the following applications as applicable:

Type of Application	Submitted	File Number	Status of Application
Regional Official Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Township Official Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Plan of Subdivision	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Zoning By-law Amendment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Minister's Zoning Order	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Consent (Severance)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Minor Variance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Site Plan Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (specify: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No		



## 10. Water, Sewage, and Stormwater Services

Water Supply	Existing	Proposed
Municipal Water	<input type="checkbox"/>	<input type="checkbox"/>
Private Well	<input type="checkbox"/>	<input type="checkbox"/>
Communal Well	<input type="checkbox"/>	<input type="checkbox"/>
Lake or Other Water Body	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify: _____):	<input type="checkbox"/>	<input type="checkbox"/>

Does the plan propose development of more than five lots or units on privately owned and operated individual or communal wells?

☐ Yes

☐ No

If yes, please include a servicing options report and hydrogeological report with the application.

Sewage Disposal	Existing	Proposed
Municipal Sanitary Sewers	<input type="checkbox"/>	<input type="checkbox"/>
Private Sewage System	<input type="checkbox"/>	<input type="checkbox"/>
Communal Septic System	<input type="checkbox"/>	<input type="checkbox"/>
Privy	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify: _____):	<input type="checkbox"/>	<input type="checkbox"/>

If proposed, specify when above will be available:

If a private sewage system exists on the lands, please provide the following details:

Installation date:

Health Dept. File Number:

Does the plan propose development of five or more lots or units on privately owned and operated individual or communal septic systems or other means?

☐ Yes

☐ No

If yes, please include a servicing options report and hydrogeological report with the application.

Does the plan propose development of fewer than five lots or units on privately owned and operated individual or communal septic systems, and would more than 4,500 litres of effluent be produced per day as a result of the development being completed?

☐ Yes

☐ No

If yes, please include a servicing options report and hydrogeological report with the application.

Storm Drainage	Existing	Proposed
Storm Sewers	<input type="checkbox"/>	<input type="checkbox"/>
Ditches	<input type="checkbox"/>	<input type="checkbox"/>
Drainage Swales	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify:_____):	<input type="checkbox"/>	<input type="checkbox"/>

If applicable, please provide a separate site servicing plan with the application.

### 11. Property Access

Access Type		Road Name
Municipal Road – Maintained all year	<input type="checkbox"/>	
Municipal Road - Seasonal	<input type="checkbox"/>	
Regional Road	<input type="checkbox"/>	
Provincial Highway	<input type="checkbox"/>	
Unopened Road Allowance	<input type="checkbox"/>	
Other Road or Right-of-Way	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

Is access by water?

☐ Yes

☐ No

If Yes, what boat docking and parking facilities are available? \_\_\_\_\_

Distance of docking and parking facilities from nearest public road and from subject property:

## **12. Minimum Distance Separation (MDS) from Existing Livestock Facilities**

Is there a livestock barn or manure storage facility located within 750 metres of the land?

☐ Yes      ☐ No

If Yes, please complete the MDS Data Sheet.

## **13. Site Screening Questionnaire**

In accordance with the Region of Durham's Council adopted Site Contamination Protocol all Land Division Committee applications must be accompanied by either a completed Site Screening Questionnaire (SSQ), or a Phase One Environmental Site Assessment Report, prepared in accordance with Ontario Regulation 153/04, as amended. For new lots, the SSQ must be signed by a Qualified Person.

## **14. Archaeological Potential**

Does the plan propose development on land that contains known archaeological resources or areas of archaeological potential?

☐ Yes      ☐ No

If Yes, please include an archaeological assessment prepared by a person who holds a licence that is effective with respect to the subject land, issued under Part VI (Conservation of Resources of Archaeological Value) of the Ontario Heritage Act; and a conservation plan for any archaeological resources identified in the assessment.

## **15. Public Consultation Strategy**

Outline a proposed strategy for consulting with the public with respect to the application.

**16. Owner's Authorization**

If the applicant is not the owner of the subject land, the owner must complete the following written authorization:

**Authorization of Owner (please print)**

I, \_\_\_\_\_ own the subject land and authorize  
\_\_\_\_\_ to make this application.

Date:

Signature of Owner:

**Authorization of Owner for Disclosure of Personal Information**

I, \_\_\_\_\_ own the subject land and for the purpose of the Freedom of Information and Protection of Privacy Act, consent to the disclosure of any personal information provided in the processing of this application under the Planning Act, to any person or public body.

Date:

Signature of Owner:

# Township of Brock Declaration

**This declaration must be completed by the Applicant and signed in the presence of a Commissioner for Taking Affidavits**

I/We \_\_\_\_\_ of \_\_\_\_\_  
(name of applicant) (name of City, Town, Township, etc.)

solemnly declare that all the statements contained in the application for consent and all supporting documents are true and complete, 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, and by virtue of the "Canada Evidence Act."

Declared before me at:

(location)

on \_\_\_\_\_  
(date)

Signature of Owner/Agent

Commissioner of Oaths