



**CITY OF STRATFORD
APPLICATION FOR AMENDMENT
TO THE OFFICIAL PLAN**

APPLICATION NO: _____ DATE RECEIVED: _____

NOTE TO APPLICANTS:

The information required in this form is prescribed in Ontario Regulation 543/06 made under the *Planning Act* and must be provided by the applicant.

1. OWNER: _____

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

E Mail: _____

2. APPLICANT (IF DIFFERENT FROM ABOVE): _____

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

E Mail: _____

3. AGENT (IF ANY): _____

Address: _____

Postal Code: _____ Phone: _____ Fax: _____

E Mail: _____

NOTE: (1) unless otherwise requested, all communications will be sent to the agent, if any.
(2) an owner's authorization is required in Section 14 if the applicant or agent is not the owner.

4. NAME OF OFFICIAL PLAN REQUESTED TO BE AMENDED

5. LEGAL DESCRIPTION AND LOCATION OF SUBJECT LAND
Municipal Address: _____
Lot and Concession: _____
Lot and Registered Plan: _____
Part and Reference Plan: _____

6. DIMENSION OF LAND AFFECTED

Frontage (m): _____

Depth (m): _____

Area (m²): _____

7. CURRENT OFFICIAL PLAN DESIGNATION APPLYING TO THE LAND AND LAND USES AUTHORIZED BY THE DESIGNATION

8. TYPE OF OFFICIAL PLAN AMENDMENT (CHECK APPROPRIATE SPACE OR SPACES AND INDICATE WHICH POLICY OR DESIGNATION IS TO BE CHANGED.)

Policy Change

Policy Addition

Policy Deletion

Redesignation

9. PURPOSE OF THE PROPOSED AMENDMENT

10. REASONS FOR REQUESTING THE AMENDMENT

11. WHAT ARE THE LAND USES WHICH WOULD BE AUTHORIZED BY THE PROPOSED AMENDMENT?

12. WILL WATER BE PROVIDED TO THE SUBJECT LAND BY A PUBLICLY OWNED AND OPERATED PIPED WATER SYSTEM, A PRIVATELY OWNED AND OPERATED INDIVIDUAL OR COMMUNAL WELL, A LAKE OR OTHER WATER BODY, OR OTHER MEANS?

13. WILL SEWAGE DISPOSAL BE PROVIDED TO THE SUBJECT LAND BY A PUBLICLY OWNED AND OPERATED SANITARY SEWAGE SYSTEM, A PRIVATELY OWNED AND OPERATED INDIVIDUAL OR COMMUNAL SEPTIC SYSTEM, A PRIVY OR OTHER MEANS?

13.1 Does the plan permit the development of fewer than five lots or units on privately owned and operated individual or communal septic systems, and 4500 litres of effluent or less would be produced per day?

Yes ___ No ___

If YES, a hydrogeological report is required to accompany this application.

14. IS THE SUBJECT PROPERTY OR ANY LAND WITHIN 120 METRES OF THE SUBJECT PROPERTY THE SUBJECT OF ANY APPLICATION MADE BY THE APPLICANT FOR APPROVAL OF AN OFFICIAL PLAN AMENDMENT, AMENDMENT TO THE ZONING BY-LAW OR MINISTER'S ZONING ORDER, MINOR VARIANCE, PLAN OF SUBDIVISION, CONSENT OR SITE PLAN UNDER THE PLANNING ACT?

Yes___ No__

If YES, provide the following information about each application:

- (a) the file number _____
- (b) the name of the approval authority considering it _____
- (c) the land it affects _____
- (d) its purpose _____
- (e) its status _____
- (f) its effect on the requested amendment _____

15. DOES THE REQUESTED AMENDMENT ALTER ALL OR ANY PART OF THE BOUNDARY AREA OR SETTLEMENT, OR ESTABLISH A NEW AREA OR SETTLEMENT IN A MUNICIPALITY?

Yes___ No__

If YES, provide the current official plan policies, if any, dealing with the alteration or establishment of an area of settlement.

16. IS THERE REASON TO BELIEVE THE SURFACE OR SUBSURFACE OF THE SUBJECT LANDS MAY HAVE BEEN CONTAMINATED BY FORMER USES ON THE SITE OR ADJACENT SITES?

Yes__ No__

If YES, explain.

What information did you use to determine the answer to question #16?

17. PROPOSED AMENDMENT

The application shall be accompanied by the following:

- A draft of the proposed amendment
- the schedule and text for the amendment
- true sketch of the subject land showing existing and proposed buildings

18. DOES THE PROPOSED AMENDMENT REMOVE THE SUBJECT LAND FROM AN AREA OF EMPLOYMENT?

Yes__ No__

If YES, provide the current official plan policies, if any, dealing with the removal of land from an area of employment.

19. IS THE REQUESTED AMENDMENT CONSISTENT WITH THE POLICY STATEMENTS ISSUED UNDER SUBSECTION 3 (1) OF THE *PLANNING ACT*?

Yes __ No __

20. IS THE SUBJECT LAND WITHIN AN AREA OF LAND DESIGNATED UNDER ANY PROVINCIAL PLAN OR PLANS?

If YES, does the application conform to or does not conflict with the applicable provincial plan or plans?

21. OTHER FEES

In addition to the application fee where the City requires assistance from its solicitors or other technical or professional consultants in the processing of this application, the applicant shall be responsible for reimbursing all legal and consulting fees incurred by the City, at the City's actual cost. Depending on the amount of such fees, which the City expects to incur on any given application, the City may also require the applicant to enter into an agreement with respect to the payment of such fees and may, where appropriate, require security to be posted.

The applicant is hereby notified that in the event the City of Stratford Council approves the application and the matter is appealed to the Ontario Municipal Board, the applicant may be required to enter into a financial agreement to bear all legal and consulting costs incurred by the City with regard to its preparation for and attendance at such hearings, including all prehearing conferences and all hearing related matters.

22. AFFIDAVIT OR SWORN DECLARATION:

DECLARATION FOR THE PRESCRIBED INFORMATION

I, _____ of the _____
in the _____

make oath and say (*or solemnly declare*) that the information contained in 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: _____

in the: _____

this _____ day of _____, 20____

Commissioner of Oaths

Applicant

23. AUTHORIZATION:

If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the applicant is authorized to make the application must be included with this form or the authorization set out below must be completed.

AUTHORIZATION OF OWNER FOR AGENT
TO MAKE THE APPLICATION

I, _____ am the owner of the land that is the
subject of this application and I authorize _____
to make this application on my behalf.

Date

Signature of Owner

APPLICANT'S CHECKLIST:

Have you included:

- ✓ One copy of the completed application.
- ✓ One copy of the proposed amendment referred to in Section 17.
- ✓ One copy of the proposed schedule referred to in Section 17.
- ✓ One copy of the true sketch referred to in Section 17.
- ✓ Application fee.

NOTICE OF COLLECTION

Personal information on this form is collected under the authority of the Planning Act. All names, addresses and comments will be included in material available to the public 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 City Clerk, 1 Wellington Street, P.O. Box 818, Stratford ON N5A 6W1, telephone 519-271-0250 ext. 235 during business hours.