



Application for Site Plan Waiver Approval

Note:

This application must be typed or printed in ink and completed in full.

An incomplete or improperly prepared application may not be accepted and could result in processing delays.

For Office Use Only:

File No. **PLSP-HA-2021-** _____
 Related File No. _____
 Roll No. _____
 Date Submitted _____
 Date Received _____
 Planner's Initials _____

A. APPLICANT INFORMATION

1. Owner(s) _____ Phone No. _____
 Address _____ Fax No. _____
 _____ Postal Code _____
 _____ Email _____

2. Agent _____ Phone No. _____
 Address _____ Fax No. _____
 _____ Postal Code _____
 _____ Email _____

Please specify to whom all communications should be sent: Owner Agent

B. LOCATION/LEGAL DESCRIPTION OF PROPERTY

Geographic Township _____ Urban Area / Hamlet _____
 Concession Number _____ Lot Number _____
 Registered Plan Number _____ Lot(s) Block(s) _____
 Reference Plan Number _____ Part Numbers _____
 Property Address _____

C. PURPOSE OF APPLICATION

1. Please explain what you propose to do on the land/premises:

D. SUPPORTING MATERIAL TO BE SUBMITTED WITH THE APPLICATION

In order for your application to be considered complete, the following must be included as part of this application ***(all figures must be provided in bold numerals, black ink, and metric units):***

1. Site Plan. The minimum requirements for acceptance of a site plan waiver application are as follows:

	One concept plan on 215 mm x 275 mm (8 ½" x 11") white paper prepared in black ink
	Municipal Address and legal description
	North arrow
	All dimensions of the property
	Dimensions of all buildings and structures
	All building setbacks (in metres)
	Names of adjacent streets
	Vehicular entrances
	Location, dimensions, number of parking spaces (including visitor and disabled) and aisles
	Refuse disposal and storage areas including any related screening
	Location of winter and snow storage
	Size, type and location of all signs, fencing, screening, buffering and lighting
	The location, size and distances to buildings and property lines of any existing sewage system treatment units (septic tanks) and distribution piping (septic beds) on the subject lands

2. Application fee of \$685.00.

3. Conservation Authority fee, if applicable (information available from staff. Conservation Authority fee schedules are also available at these websites: Niagara Peninsula Conservation Authority: www.conservation-niagara.on.ca; Grand River Conservation Authority: www.grandriver.ca; and Long Point Region Conservation Authority: www.lprca.on.ca.

4. Any other information required by staff.

Note: in case other documentation/supporting material become necessary, you will be asked to submit that prior to processing of your application.

E. FREEDOM OF INFORMATION

For the purposes of the Freedom of Information and *Freedom of Information and Protection of Privacy Act*, I authorize and consent to use by or disclosure to any person or public body and information that is collected under the authority of the *Planning Act* or any supporting information / consultant studies submitted for the purposes of processing this application.

F. DECLARATION

I/we _____ of _____ solemnly declare that:

all of the above statements and the statements contained in all the exhibits transmitted herewith 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.

Declared before me in

**TO BE SIGNED IN THE PRESENCE OF A
COMMISSIONER FOR TAKING AFFIDAVITS**

in _____

this _____ day of

Owner/Applicant/Agent Signature (s)

_____ A.D., 20 _____

A Commissioner, etc.

G. AUTHORIZATION

If the applicant is not the owner of the land that is the subject of this application, the authorization set out below must be completed by the owner.

AUTHORIZATION OF OWNER (S)

I/we _____ am/are the owner(s) of the land that is the subject of this zoning application. I/we authorize _____ to make this application on my/our behalf and to provide any of my/our personal information necessary for the processing of this application.

Signature (s)

Date