

Application for Site Plan Waiver Approval

NOTE: All applications are to be submitted via Portal, through the County's website. Portal, along with further instructions can be found at the following link:

https://portal.haldimandcounty.on.ca/cityviewportal
An incomplete or improperly prepared application
may not be accepted and could result in processing
delays.

For Office Use Only		
File No.	PLSP-HA-2024	
Roll No.		
Date Submitted		
Date Received		
Sign Issued		
Planner's Initials		

<u>A. A</u>	PPLICANT INFOMRATION	
1.	Owner(s)	Phone No.
	Address	Postal Code
		Email
2.	Agent	Phone No.
	Address	Fax No
		Postal Code
		Email
Pleas	se specify to whom all commun	nications should be sent: Owner Agent
B. L	OCATION/LEGAL DESCRIPTION	ON OF PROPERTY
Geog	graphic Township	Urban Area / Hamlet
Conc	ession Number	Lot Number
Registered Plan Number		Lot(s) Block(s)
Refe	rence Plan Number	Part Numbers
	ertv 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
one concept plan on 213 min x 273 min (6 72 × 11) white paper prepared in black link
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 \$762.00.
- 3. Conservation Authority fee, if applicable (information available from staff. Conservation Authority fee schedules are also available at these websites: Niagara Peninsula Conservation Authority:



<u>www.conservation-niagara.on.ca</u>; Grand River Conservation Authority: <u>www.grandriver.ca</u>; and Long Point Region Conservation Authority: <u>www.lprca.on.ca</u>.

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. COLLECTION OF PERSONAL INFORMATION	
Personal Information collected on this form is collected pursuant to the Planning Act and will be used for the purposes of processing this application. Questions about this collection may be directed to Haldimand County's Planning and Development Division at 905-318-5932 ext. 6209 or planning@haldimandcounty.on.ca.	
F. DECLARATION Through submission of this application, I/we solemnly declare that I/we have reviewed and completed this application and all of the above statements and the statements contained in all of the exhibits/attachments transmitted herewith are true and correct. I acknowledge that all legislation and requirements governing this	
type of application shall be complied with whether specified herein or not. 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.	

G. AUTHORIZATION

ALITHODIZATION OF OWNED (S)

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 (3)		
I/we	am/are the owner(s) of the lar	

ı/we	am/are the owner(s) of the land that is the subject of this site pia
application. I/we authorize	to make this application on my/our
behalf and to provide any of my/ou application.	r personal information necessary for the processing of this
Acknowledgement of Owner(s) Aut	horization
Signature (s)	Date