



**Application for Zoning By-law Amendment
(Section 34 of the Planning Act)
and/or Local Official Plan Amendment
(Section 22 of the Planning Act)**

(Revised January 8, 2020)

Instructions:

Prior to making an application a proponent is encouraged to pre-consult with the Municipality of West Perth Planning staff to determine the appropriateness of the request and review submission requirements. Each application must be accompanied by the application fee in the form of either cash or a cheque payable to the Municipality of West Perth. **A drawing of the proposal, consistent with Section 14.0 of this form, must also be submitted with the application.**

If the applicant is not the owner of the subject land, a written statement by the owner which authorizes the applicant/agent to act on behalf of the owner as it relates to the subject application, must accompany the application (See Section 15.0).

In accordance with Sections 22(5) and/or 34(10.2) of the Planning Act, RSO 1990, additional information and studies may be required by the Municipality to evaluate the proposed Amendment. The requirements for additional information are identified in the County of Perth Official Plan and/or the Mitchell Ward Official Plan. The type and scope of studies that are required will be determined through pre-consultation with the Municipality of West Perth staff. If the required additional information is not provided the application cannot be deemed to be complete and will not be processed.

In accordance with the Clean Water Act, 2006, a number of municipal drinking water Source Protection Plans (“SPPs”) have been developed that apply within the various watersheds within the Municipality of West Perth. It is the responsibility of the Applicant to confirm the applicability of such SPPs as part of this application.

Application Checklist:

- One Copy of Completed Application Form
- Application drawing (See Section 14.0)
- Application fee (\$1,250.00), payable to the Municipality of West Perth

For Help: For general assistance completing this form, please contact:

- the West Perth Building and Zoning Administrator, Diane Chaffe, at (519) 348-8429 Ext. 230 or dchaffe@westperth.com; or,
- the West Perth Planner, Adam Betteridge, MCIP, RPP, at (519) 348-8429 Ext. 259 or abetteridge@westperth.com

Detailed mapping information for your property is available at:

www.perthcounty.ca/en/living-here/maps.aspx

The County and Mitchell Ward Official Plans can be found at:

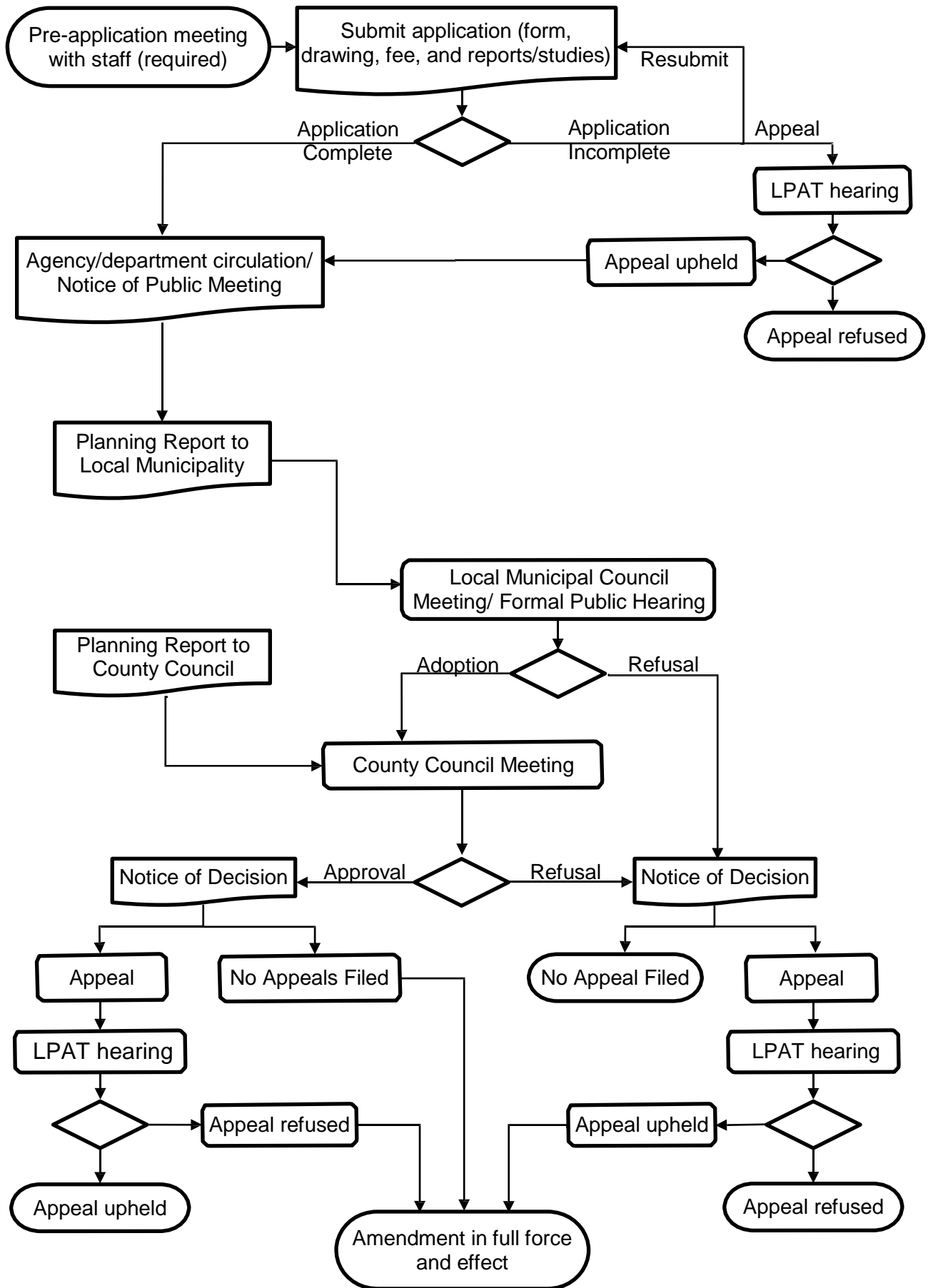
www.perthcounty.ca/en/county-of-perth-official-plan.aspx

<https://www.westperth.com/en/municipal-office/resources/Official-Plan-for-the-Mitchell-Ward-Text-and-Maps.pdf>

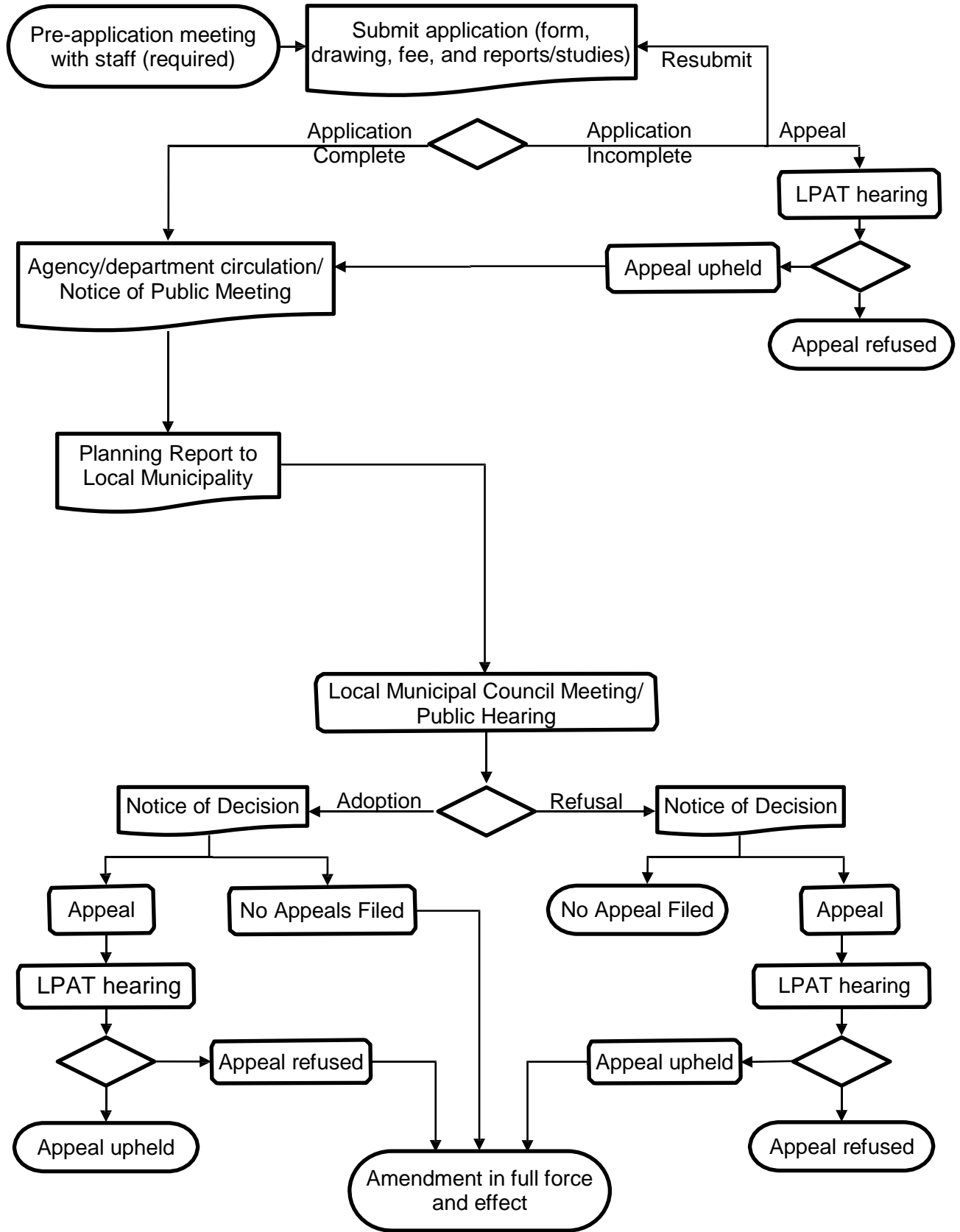
West Perth planning documents can be found at:

<https://www.westperth.com/en/business/Planning-and-Development.aspx>

Official Plan Amendment Process Flowchart



Zoning By-law Amendment Process Flowchart



**Application for Local Official Plan/Zoning By-law
Amendment**

Municipality of West Perth
Application #:

FOR OFFICE USE ONLY		Date Received:
Pre-Con Yes <input type="checkbox"/> No <input type="checkbox"/> Roll: 3130 - ____ - ____ - ____ - ____		
Fee Amount Paid (\$1,250.00):		
Fee Received Date:		Fee Receipt No.:
<input type="checkbox"/> ZBA <input type="checkbox"/> OPA Associated planning application(s):		
1.0 Applicant Information		
Owner(s)		correspondence to be sent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:		
Address:		
Postal Code:	Phone:	
Email:		
Applicant (complete if applicant is not the owner)		correspondence to be sent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:		
Address:		
Postal Code:	Phone:	
Email:		
Agent (if applicable)		correspondence to be sent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name:		
Address:		
Postal Code:	Phone:	
Email:		

2.0 Location and Size of the Subject Land					
Local Municipality: West Perth		Ward:			
Concession:	Lot:	Reg. Plan:	Lot/Block:		
Ref. Plan:	Part:	Street Address:			
Lot Frontage (m):		Lot Area (m ² or ha):			
2.1 Name and address of mortgages or charges: (if applicable)					
2.2 Description of any easements or covenants and their effects: (if applicable)					
2.3 Date the subject lands were acquired by the current owner:					
3.0 Current and Proposed Land Use					
Current Use:					
Proposed Use:					
4.0 Status					
County Official Plan Designation(s):					
Mitchell Ward Official Plan Designation(s):					
Current Zone(s):					
5.0 Site Information					
	Existing Buildings	Proposed Buildings		Existing Buildings	Proposed Buildings
Front Yard:	m	m	Height:	m	m
Rear Yard:	m	m	Dimensions:	m x m	m x m
Side Yard:	m	m	Date Built:		
Side Yard:	m	m	<input type="checkbox"/> See attached drawing		
Other Information (if necessary):					

6.0 Official Plan Amendment (proceed to Section 7.0 if an OPA is not proposed)		
6.1 Does the Proposed Official Plan Amendment:		
Add a land use designation to the Official Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Change a land use designation to the Official Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Replace a policy in the Official Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Delete a policy from the Official Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Add a policy to the Official Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Add a land use designation to the Official Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.2 If applicable, please provide the policy section number to be changed and the suggested policy wording on a separate page.		
6.3 What is the purpose of the Official Plan Amendment and land uses that would be permitted by the proposed Official Plan Amendment?		
7.0 Zoning By-law Amendment (proceed to Section 8.0 if a ZBA is not proposed)		
7.1 Does the Proposed Zoning By-law Amendment:		
Add a Zone Category to the Zoning By-law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Change a Zone Category of the Zoning By-law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Replace a zoning provision of the Zoning By-law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Delete a zoning provision of the Zoning By-law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Add a zoning provision to the Zoning By-law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.2 If applicable, please provide the section number to be changed and the suggested wording on a separate page.		
7.3 What is the purpose of the Zoning By-law Amendment and what are the land uses Proposed (attach a separate page if necessary)?		

8.0 Previous Industrial or Commercial Uses					
8.1 Has there previously been an industrial or commercial use on the subject land or adjacent land? Yes <input type="checkbox"/> No <input type="checkbox"/>					
8.1.2 If Yes, please specify the uses and dates:					
8.2 Is there reason to believe the subject land may have been contaminated by former uses on or near the site? Yes <input type="checkbox"/> No <input type="checkbox"/>					
What information did you use to determine the answers to the above questions?					
If Yes to (8.1) or (8.2), a previous use inventory showing all former uses of the subject land, or if appropriate, the adjacent land, is needed. This study must be prepared by a qualified consultant.					
Is the previous use inventory attached? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>					
9.0 Status of Other Applications under the Planning Act					
Is the subject land also the subject of an application for:					
Consent	Yes <input type="checkbox"/> - File #:			No <input type="checkbox"/>	
Plan of Subdivision/Condominium	Yes <input type="checkbox"/> - File #:			No <input type="checkbox"/>	
Minor Variance	Yes <input type="checkbox"/> - File #:			No <input type="checkbox"/>	
Site Plan	Yes <input type="checkbox"/> - File #:			No <input type="checkbox"/>	
10.0 Servicing					
10.1 Indicate the existing/proposed sewage disposal type.					
	Existing	Proposed		Existing	Proposed
Public piped sewage system	<input type="checkbox"/>	<input type="checkbox"/>	Individual septic system(s)	<input type="checkbox"/>	<input type="checkbox"/>
Public or private communal system	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>
10.2 Indicate the existing/proposed water supply type.					
Public piped water system	<input type="checkbox"/>	<input type="checkbox"/>	Individual well(s)	<input type="checkbox"/>	<input type="checkbox"/>
Public or private communal well(s)	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>
10.3 Indicate the existing/proposed storm drainage type.					
Storm sewers	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>
Ditches or swales	<input type="checkbox"/>	<input type="checkbox"/>			
10.4 Indicate the existing/proposed road access type.					
Provincial Highway	<input type="checkbox"/>	<input type="checkbox"/>	Public road, seasonal	<input type="checkbox"/>	<input type="checkbox"/>
Public road, full maintenance	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

11.0 Justification

Explain how the application is consistent with the Provincial Policy Statement (2014).

12.0 Wellhead Protection Area (WHPA)

Is any part of the subject lands within a WHPA?

Yes

No

13.0 Other Information

14.0 Application Drawing

Please submit an accurate, scaled drawing of the proposal showing the following information:

- a) The subject land, including its boundaries and dimensions, and the location, and nature of any easement or restrictive covenants which affect the subject land;
- b) The uses of adjacent and abutting land;
- c) The location of all existing as well as proposed buildings and their dimensions, uses, and setbacks from lot lines;
- d) The location of all natural and man-made features on the land and the location of these features on adjacent and abutting lands; and
- e) Scale and north arrow.

15.0 Authorization of Owner for Agent to Make the Application

I/We, _____

of the _____ in the County/Region of

_____ am/are the owner(s) of the land that is the subject of this

application and I/we hereby authorize _____

to act as my/our agent in the application.

Name of Owner

Signature

Date:

Name of Owner

Signature

Date:

Name of Owner

Signature

Date:

16.0 Acknowledgement

With the filing of this application, the applicant is aware of, and agrees, that if the decision of the Municipality of West Perth regarding this application is appealed by a third party (a party other than the applicant), all costs incurred by the Municipality of West Perth for legal counsel and other associated costs to represent the Municipality in defending the decision before the Local Planning Appeal Tribunal (LPAT) will be solely the responsibility of, and paid for by the applicant.

Dated at the _____ in the County/Region of

_____ this _____ day of _____, 202__.

Applicant

Signature

Applicant

Signature

17.0 Consent to Use and Disclose Personal Information

I/We acknowledge that all information provided on this form (name, address, phone number, e-mail address, etc.), including supporting documentation, is collected under the authority of the Planning Act, and will be accessible to the public and governmental and technical agencies for review. The owner(s)/applicant(s)/authorized agent authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Planning Act for the purposes of processing this application.

Furthermore, I/We hereby authorize Council members and members of the staff of the Corporation of the Municipality of West Perth and/or technical review agencies to enter upon the subject lands for the purpose of evaluating the merits of the subject application and conduct any inspections on the subject land that may be required to perform this duty.

Signature(s)

18.0 Owner / Applicant Affidavit or Sworn Declaration

I/We, _____
of the _____ in the County/Region of
_____ make oath and say (or solemnly declare) that the information
contained in the documents that accompany this application is true. Sworn (or declared)
before me at the _____ in the County/Region of
_____ this _____ day of _____, 202__.

Commissioner of Oaths

Owner / Applicant

Owner / Applicant

19.0 Other Information

(Use this page if additional space is needed to provide information)

Empty space for providing additional information.