



## TOWNSHIP OF EAST ZORRA-TAVISTOCK

### ZONE CHANGE APPLICATION GUIDE

Please read carefully before completing the attached application form.

1. The attached application form is to be used when applying to the Township of East Zorra-Tavistock for a change to the Township Zoning By-Law. The applicant is advised to approach the Township Office and/or the County of Oxford Community and Strategic Planning for Official Plan, Zoning and Policy information before making a formal application.
- e) the location, width and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public travelled road, a private road or a right-of-way;
- f) if access to the subject land is by water only, the location of the parking and docking facilities to be used;
- g) the location and nature of any easement affecting the subject land;
- h) location of all landscaped areas, fencing, buffer strips and sidewalks.

#### Completing the Application Form

2. The attached application form should be submitted to either the:

a) CAO/Treasurer  
Township of East Zorra-Tavistock  
90 Loveys Street East  
Hickson ON N0J 1L0  
Phone: 462-2697 or 462-2498

b) County of Oxford  
Community and Strategic Planning  
P. O. Box 1614  
21 Reeve Street  
Woodstock ON N4S 7Y3  
Phone: 539-9800

3. The application consisting of **one original** must be accompanied by a fee of \$550.00 in cash or cheque payable to the **"Treasurer, Township of East Zorra-Tavistock"**.

4. The application should be completed by the property owner(s) or his/her authorized agent. Where the application is being made by an agent, the written authorization of the owner(s) must accompany the application or if the application is being made under an agreement of purchase and sale, a signed copy of the agreement must be attached as authorization and will remain confidential.

5. The application must include a sketch/site plan showing the following information:

- a) the boundaries and dimensions of the subject lands;
- b) any proposed or existing building(s) and/or structure(s) on the subject lands and its location (including distance to lot lines), size and type;
- c) the land uses on all adjacent lands of the subject lands;
- d) approximate location of all natural and artificial features on subject and adjacent lands and shall include buildings, railways, roads, watercourse(s), municipal drains, drainage ditches, existing and proposed septic facilities, wells, wetlands and wooded areas;

6. In addition, all applications for commercial, industrial, institutional and multi-family residential uses must include the following additional information:
  - a) floor plan with dimensions and proposed uses of any existing or proposed buildings; and
  - b) an exterior elevation plan of any proposed buildings.

7. All site plans and floor plans must be drawn to scale at a maximum size of 11" x 17". Larger plans will be accepted with the inclusion of an original reduction of the plans at a maximum size of 11" x 17". **Large plans must be folded.**

#### Processing the Application

1. After accepting the completed application, the County of Oxford Community and Strategic Planning circulates the application to municipal officials, provincial authorities and other agencies for comment. The public in the vicinity of the application are given 20 days' notice of a public meeting held by Municipal Council to consider the requested zone change. The applicant is required to attend the public meeting to support their application.
2. Section 34(19) of the Planning Act, 1990 provides for an appeal by any person to the Ontario Municipal Board of the decision of the Council within 20 days of the giving of written notice of the passing of the By-Law.
3. Section 34(11) of the Planning Act, 1990 allows the applicant to appeal to the Ontario Municipal Board if Council refuses the application or neglects to make a decision within 90 days of receipt of the completed application.



FILE NO: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

## TOWNSHIP OF EAST ZORRA-TAVISTOCK APPLICATION FOR ZONE CHANGE

**1. Registered Owner(s):**

Name: \_\_\_\_\_ Phone: Residence: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Applicant** (if other than registered owner):

Name: \_\_\_\_\_ Phone: Residence: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Solicitor or Agent** (if any):

Name: \_\_\_\_\_ Phone: Business: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

All communications will be sent to those listed above. **If you do not wish correspondence** to be sent to the

Owner,  Applicant, or  Solicitor/Agent, please specify by checking the appropriate box.

Name and address of any holders of any mortgage, charges or other encumbrances (if known):

\_\_\_\_\_

**2. Subject Land(s):**

**a) Location:**

Municipality \_\_\_\_\_ former municipality \_\_\_\_\_

Concession No. \_\_\_\_\_ Lot(s) \_\_\_\_\_

Registered Plan No. \_\_\_\_\_ Lot(s) \_\_\_\_\_

Reference Plan No. \_\_\_\_\_ Part(s) \_\_\_\_\_

The proposed lot is located on the \_\_\_\_\_ side of \_\_\_\_\_ Street/Road/Line, lying between  
Street/Road/Line and \_\_\_\_\_ Street/Road/Line.

Street and/or **Civic Address (911):** \_\_\_\_\_

**b) Official Plan Designation:** Existing: \_\_\_\_\_

Proposed: \_\_\_\_\_

If the proposed designation is different than the existing designation, has an application for Official Plan Amendment been filed with the County of Oxford?  No  Yes

c) **Zoning:** Present: \_\_\_\_\_

Proposed: \_\_\_\_\_

d) **Uses:** Present: \_\_\_\_\_

Proposed: (Include description) \_\_\_\_\_

**3. Buildings/Structures:**

For all buildings/structures, either **existing or proposed** on the subject lands, please supply the following information:

None Existing                       None Proposed

<u><b>Existing</b></u>	Building 1	Building 2	Building 3
Use:	_____	_____	_____
Date Constructed (if known):	_____	_____	_____
Floor Area:	_____	_____	_____
Setbacks:			
Front lot line	_____	_____	_____
Side lot lines	_____	_____	_____
Rear lot line	_____	_____	_____
Height	_____	_____	_____

<u><b>Proposed</b></u>	Building 1	Building 2	Building 3
Use:	_____	_____	_____
Date Constructed (if known):	_____	_____	_____
Floor Area:	_____	_____	_____
Setbacks:			
Front lot line	_____	_____	_____
Side lot lines	_____	_____	_____
Rear lot line	_____	_____	_____

**4. Site Information (proposed use(s)):**

Lot Frontage	_____	Landscaped Open Space (%)	_____
Lot Depth	_____	No. of Parking Spaces	_____
Lot Area	_____	No. of Loading Spaces	_____
Lot Coverage	_____	Building Height	_____
Front Yard	_____	Width of Planting Strip	_____
Rear Yard	_____	Driveway Width	_____
Interior Side Yard(s)	_____	No. of Units	_____
Exterior Side Yard (corner lot)	_____		

**5. Services: (check appropriate box)**

	<b>Existing</b>	<b>Proposed</b>
<b>Water supply</b>		
Publicly owned and operated piped water system	<input type="checkbox"/>	<input type="checkbox"/>
Privately owned and operated communal piped water system	<input type="checkbox"/>	<input type="checkbox"/>
Privately owned and operated individual 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"/>

<b>Sewage Disposal</b>	Publicly owned and operated sanitary sewer system	<input type="checkbox"/>	<input type="checkbox"/>
	Privately owned and operated communal septic system	<input type="checkbox"/>	<input type="checkbox"/>
	Privately owned and operated individual septic tank	<input type="checkbox"/>	<input type="checkbox"/>
	Pit Privy	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

<b>Storm Drainage</b>	Municipal Sewers	<input type="checkbox"/>	Ditches	<input type="checkbox"/>
	Municipal Drains	<input type="checkbox"/>	Swales	<input type="checkbox"/>

6. **Access:**

Provincial Highway	<input type="checkbox"/>	Unopened Road Allowance	<input type="checkbox"/>
County Road	<input type="checkbox"/>	Right-of-Way owned by _____	<input type="checkbox"/>
Municipal Road maintained all year	<input type="checkbox"/>	Water Access (describe below)	<input type="checkbox"/>
Municipal Road seasonally maintained	<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>

if proposed access is by water, what boat docking and parking facilities are available on the mainland?

\_\_\_\_\_

**7. General Information:**

a) Is the Subject Land the subject of regulations for flooding or fill and construction permits of a Conservation Authority?  
 No       Yes →      Name of Conservation Authority \_\_\_\_\_

Has an Application been filed with the appropriate Conservation Authority?     No       Yes

b) Present land use(s) of adjacent properties:

\_\_\_\_\_

c) Characteristics of subject land (check appropriate space(s) and add explanation, if necessary)

(i) Is the land swampy or subject to seasonal wetness?       No       Yes

(ii) Is any part of the land used for agricultural purposes?       No       Yes

If yes, describe type of crop, or operation and amount of land used: (include woodlots)

\_\_\_\_\_  
\_\_\_\_\_

**8. Historical Information:**

a) Is the subject land the subject of a current Application for Consent to the Oxford County Land Division Committee or a current application for draft plan of subdivision to the County of Oxford?

No       Yes →      Application No.? \_\_\_\_\_

b) Have the subject land(s) ever been the subject of any other application under the Planning Act, such as an application for approval of an Official Plan amendment, a zoning by-law amendment, a Minister's Zoning Order amendment, consent, a minor variance, or approval of a plan of subdivision?

No       Unknown

Yes →      File No. \_\_\_\_\_      Status/Decision \_\_\_\_\_

c) If known, the date the subject land was acquired by the owner? \_\_\_\_\_

d) If known, the length of time that the existing uses of the subject land have continued? \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

Signature of Owner/Applicant/Agent

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. (See Item 4 in the Zone Change Application Guide attached.)

**Authorization of Owner(s) for Applicant/Agent to Make the Application**

I/We, \_\_\_\_\_, am/are the owner(s) of the land that is the subject of this application for zone change and I/We authorize \_\_\_\_\_, to make this application on my/our behalf.

\_\_\_\_\_

Date \_\_\_\_\_ Signature of Owner(s) \_\_\_\_\_ Signature of Owner(s) \_\_\_\_\_

**THIS SECTION TO BE COMPLETED IN THE PRESENCE OF A COMMISSIONER FOR TAKING AFFIDAVITS**

I/We \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_,

**DO SOLEMNLY DECLARE THAT:**  
 All of the prescribed information contained in this application is true and that the information contained in the documents that may accompany this application is 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 and by virtue of the Canada Evidence Act.

DECLARED before me at the \_\_\_\_\_ of \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Owner(s)/Applicant

\_\_\_\_\_  
Owner(s)/Applicant

\_\_\_\_\_  
A Commissioner for Taking Affidavits

- Notes:**
1. Applications will not be considered complete until all required information has been supplied.
  2. It is required that **one original** of the complete application (including the sketch) be filed, accompanied by the applicable fee of **\$550.00**, payable to the **Treasurer, Township of East Zorra-Tavistock**.

**Municipal Freedom of Information and Protection of Privacy Act – Notice of Collection & Disclosure**

The collection of personal information on this form is legally authorized under Sec.34 of the *Planning Act* and O.Reg.545/06 for the purpose of processing your planning application. Questions about this collection should be directed to the Director of Community and Strategic Planning at the County of Oxford, 21 Reeve St., P.O. Box 1614, Woodstock, ON N4S 7Y3 or at 519-539-9800 (ext.3207).

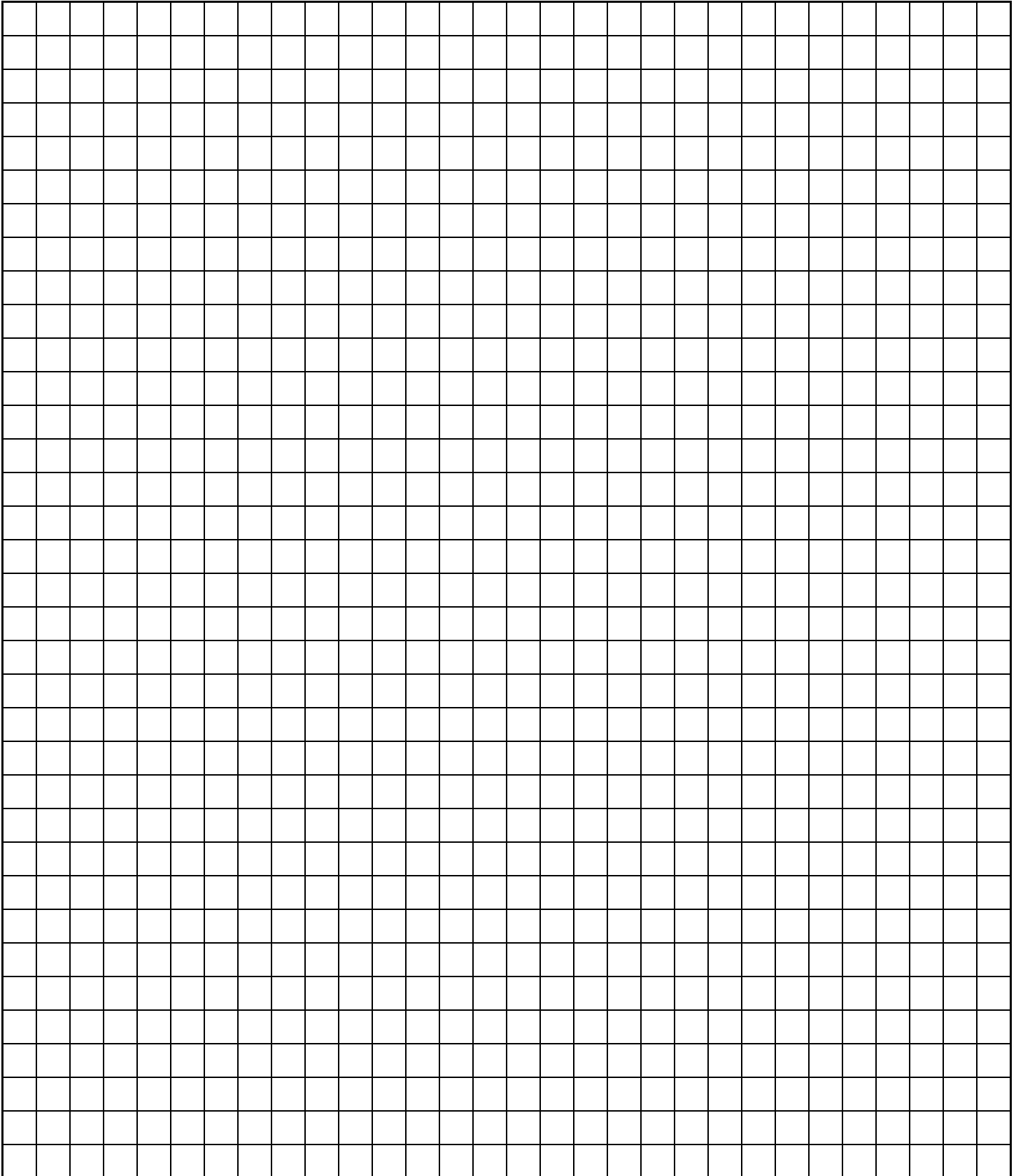
Pursuant to Sec.1.0.1 of the *Planning Act*, and in accordance with Sec.32(e) of the *Municipal Freedom of Information and Protection of Privacy Act*, it is the policy of the County of Oxford to make all planning applications and supporting material available to the public.

# SKETCH/SITE PLAN

USE THIS PAGE FOR SKETCH (OR SURVEY PLAN IF AVAILABLE) AND ATTACH TO THE APPLICATION FORM.

WITHOUT SKETCH OR SURVEY PLAN, THE APPLICATION WILL NOT BE PROCESSED.

SKETCH OR SURVEY PLAN MUST CONTAIN THE INFORMATION SET OUT IN ITEM 5 OF THE ZONE CHANGE APPLICATION GUIDE.



SCALE: \_\_\_\_\_

# Public Consultation Strategy Official Plan & Zoning By-Law Amendments & Plans of Subdivision

As per recent changes to the Planning Act introduced through the *Smart Growth for Our Communities Act*, a public consultation strategy is required for applications for Official Plan Amendment, Zoning By-law Amendment or Draft Plan of Subdivision before the application is deemed to be 'complete' as defined by the Planning Act. Please discuss your proposal with County Planning staff in advance of submission of any application.

Formal notifications, as prescribed by the Planning Act include:

- Circulation to all landowners within 120 m of subject lands and posting of a public notice sign;

Please select any and all forms of **further** public consultation that you, as the applicant / agent / owner intend to undertake:

- None
- Speak to adjacent landowners directly about proposed development;
- Post signs within a common area (for multi-residential buildings and developments);
- Advertise the proposal and public meeting in a local newspaper (please discuss this with County planning staff prior to initiating)
- Host an open house regarding the proposal;
- Other measures (please elaborate)

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Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

\_\_\_\_\_  
Please print Name

\_\_\_\_\_  
Signature (applicant / agent / owner)

Return the completed Official Plan Amendment, Zone Change, or Draft Plan of Subdivision application and this form to:

County of Oxford  
Community and Strategic Planning Office  
P.O. Box 1614,  
21 Reeve St.  
Woodstock, ON N4S 7Y3

Phone: 519 539-9800 ext 3912  
Fax: 519 421-4712  
Email: [planning@oxfordcounty.ca](mailto:planning@oxfordcounty.ca)