



File No. _____
 Date Received _____
 Roll No. _____

TOWNSHIP OF NORWICH
APPLICATION FOR ZONE CHANGE

1. Registered Owner (s)

Name: _____ Phone: Residence: _____
 Address: _____ Business: _____
 _____ Fax: _____
 Postal Code: _____ Email: _____

Applicant (if other than registered owner)

Name: _____ Phone: Residence: _____
 Address: _____ Business: _____
 _____ Fax: _____
 Postal Code: _____ Email: _____

Solicitor or Agent (if any)

Name: _____ Phone: Business: _____
 Address: _____ Fax: _____

 Postal Code: _____ Email: _____

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 check the appropriate box.

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

2. Subject Land (s):

Location:
 Municipality _____ Former Municipality _____
 Concession _____ 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 / Civic Address (911#) _____

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? Yes No

B) If Applicant is the purchaser, or purchaser's agent, a copy of the Agreement of Purchase & Sale must be included with this application.

Note: A covering letter should be supplied with the application to describe the land use and business activity proposed

Zoning: Present: _____
Proposed: _____

Uses: Present: _____
Proposed: _____

3. Buildings / Structures:

For all buildings / structures, either existing or proposed on the subject lands, please supply the following information: None Existing None Proposed

Existing	Building 1	Building 2	Building 3
Use:			
Date Constructed:			
Floor Area:			
Setbacks:			
Front lot line			
Side lot line			
Rear lot line			
Height			

Proposed	Building 1	Building 2	Building 3
Use:			
Date Constructed:			
Floor Area:			
Setbacks:			
Front lot line			
Side lot line			
Rear lot line			
Height			

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)

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

		Existing	Proposed
Sewage Disposal	Publicly owned & operated sanitary sewer system	<input type="checkbox"/>	<input type="checkbox"/>
	Privately owned & operated communal septic system	<input type="checkbox"/>	<input type="checkbox"/>
	Privately owned & 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"/>

- 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 year-round) | <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:

- I. Is the Subject Land the subject of regulations for flooding or fill and construction permits of a Conservation Authority? Yes No
 Name of Conservation Authority: _____
 Has an application been filed with the appropriate Conservation Authority? Yes No
- II. Present land use(s) of adjacent properties: _____
- III. Characteristics of subject land (check appropriate space(s) and add explanation, if necessary)
 Is the land swampy or subject to seasonal wetness? Yes No
 Is any part of the land used for agricultural purposes? Yes No
 If Yes, describe type of crop, or operation and amount of land used: (include woodlots) _____
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8. Historical Information:

- I. 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?
 Yes No Application No. _____
- II. 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, minor variance or approval of a plan of subdivision?
 No Unknown
 Yes File No. _____ Status/Decision _____
- III. If known, the date the subject land was acquired by the owner? _____
- IV. 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 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) _____

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____.

A Commissioner for Taking Affidavits

Owner(s) / Applicant

Owner(s) / Applicant

NOTES

- A. Where a Local Planning Appeal Tribunal hearing is required the applicant must assume the costs and responsibilities for the hearing as outlined in the Zone Change Application guide attached.
- B. Applications will not be considered complete until all required information has been supplied.
- C. It is required that **one original** of this application be filed, together with the same number of copies of the sketch, accompanied by the applicable fee of \$500.00, payable to the Treasurer, Township of Norwich.

SKETCH PLAN

Use this page for sketch if survey plan is not available.

Return this sketch with application form.

Without this sketch the application cannot be processed.

Scale:

KEY MAP



N

A large empty rectangular box for drawing the sketch plan or key map.

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)

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 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