

**THE CORPORATION OF THE
COUNTY OF HALIBURTON**

**SITE PLAN CONTROL APPLICATION
FORM**

Application Fee
3 ORIGINAL HARD COPIES OF THE APPLICATION AND SITE PLAN
DRAWING ARE REQUIRED, ALONG WITH A PDF VERSION EMAILED TO
cwhite@county.haliburton.on.ca

OFFICE USE		
Date Application Rec'd:	Application #:	
Date Application Complete:	Amount Paid:	
30 days:	Signature:	
1.0 Applicant information*		
Owner(s)		
Name:		
Address:	Postal Code:	
Phone:	Email:	
Applicant (complete if applicant is not the owner)*		
Name:		
Address:	Postal Code:	
Phone:	Email:	
2.0 Agent (if applicable)		
Name:		
Address:	Postal Code:	
Phone:	Email:	
2.1 Which of the above is correspondence to be sent to? (check one)		
Owner <input type="checkbox"/>	Applicant <input type="checkbox"/>	Agent <input type="checkbox"/>

3. Identification of Property	
Municipal Address:	
Legal Description:	
Assessment Roll:	

4. Specify Existing and Proposed Land/Building Use(s)
Existing:
Proposed:

5. Planning Information
County Official Plan Designation: Land uses authorized:
Local Official Plan Designation: Land uses authorized:
Current Zone in local municipal by-law:
Is this property subject to other applications pursuant to the Planning Act? (i.e. zone change, land severance, minor variance)?

6.0 Status of Other Applications under the Planning Act

Is this application a re-submission of a previous application?: Yes No

Are the subject land(s) also the subject of an application for:

Consent	Yes <input type="checkbox"/> - File #:	OMB File #:	No <input type="checkbox"/>
Plan of Subdivision/Condominium	Yes <input type="checkbox"/> - File #:	OMB File #:	No <input type="checkbox"/>
Minor Variance	Yes <input type="checkbox"/> - File #:	OMB File #:	No <input type="checkbox"/>
Site Plan	Yes <input type="checkbox"/> - File #:	OMB File #:	No <input type="checkbox"/>
Zoning By-law Amendment	Yes <input type="checkbox"/> - File #:	OMB File #:	No <input type="checkbox"/>
Official Plan Amendment	Yes <input type="checkbox"/> - File #:	OMB File #:	No <input type="checkbox"/>

Are lands within 120 m of the land subject of an application for:

Consent	Yes <input type="checkbox"/> - File #:	OMB File #:	No <input type="checkbox"/>
Plan of Subdivision/Condominium	Yes <input type="checkbox"/> - File #:	OMB File #:	No <input type="checkbox"/>
Minor Variance	Yes <input type="checkbox"/> - File #:	OMB File #:	No <input type="checkbox"/>
Site Plan	Yes <input type="checkbox"/> - File #:	OMB File #:	No <input type="checkbox"/>
Zoning By-law Amendment	Yes <input type="checkbox"/> - File #:	OMB File #:	No <input type="checkbox"/>
Official Plan Amendment	Yes <input type="checkbox"/> - File #:	OMB File #:	No <input type="checkbox"/>

6.1 For applications noted in #6 please provide details on the approval authority considering the application, the land it affects, the application purpose, its status and the effect of the application.

Separate Page

7. Site Information			
Existing Site			
Lot Area:	Square Metres		
Lot Frontage	Metres		
Areas of Existing Buildings:			
Total Floor Area:	Square Metres		
Building Area (Ground Floor)	Square Metres		
Number of Existing Parking Spaces:			
Proposed Building(s) /Addition			
Total Floor Area:	Square Metres		
Building Area (Ground Floor)	Square Metres		
Number of Additional Parking Spaces Proposed:			
Proposed Setbacks:	Front Yard:	Metres	Rear Yard: Metres
Side Yards	Left Metres	Right Metres	Rear Yard Metres

8.0 Servicing					
8.1 Indicate the existing/proposed sewage disposal type					
Will septic system produce more than 4 500 L/day of effluent?: Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Existing	Proposed		Existing	Proposed
Municipal sewage system			Individual on-site system		
Communal system			Other (specify)		
For individual on-site systems, this application must include proof of treatment capacity for hauled sewage. (ex. letter from septic company or municipal facility with capacity)					
8.2 Indicate the existing/proposed water type					
Will water use exceed 10 000 L/day?: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Municipal water system			Individual on-site system		
Communal Water system			Other (specify)		
If 9.1 or 9.2 is answered 'yes' the application must be supported by a servicing options report and a hydrogeological report. These must be submitted as part of the complete application.					
8.3 Indicate the existing/proposed storm drainage type					
Storm Sewers					
Ditches or swales					
Other (specify)					

8.4 Indicate the existing/proposed road access type					
Provincial Highway			Condominium Road		
County/Municipal Road			Other (specify)		

9.0 Previous Industrial or Commercial Uses (if applicable)		
Has there previously been an industrial or commercial use on the subject land or adjacent land?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please specify the uses and dates:		
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"/>
Has there ever been a gas station, petroleum or other fuel stored on the subject land or adjacent land?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the grading of the subject land been changed by adding earth, other materials or removing earth and rock?		
What information did you use to determine the answers to the above questions?		
If Yes to above, 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. A Record of Site Condition (RSC) may be required as part of the complete application where there is a change of use.		
Is the previous use inventory attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

10.0 Justification
Explain how the application is consistent with the Provincial Policy Statement (2014). A Planning Report prepared by a qualified professional may be attached to your application.
Separate Document <input type="checkbox"/>

11. Adjacent Land Uses (where applicable)			
Are any of the following uses or features <u>on</u> the subject land or within <u>500 metres to 2000 metres</u> of the subject land, unless otherwise specified?			
Use or Feature	On the Subject Land(s) (yes/no)	Adjacent to subject land(s)	Please indicate distance in metres
Agricultural operation, including livestock facility or stockyard or barn		Within 2 km	
Landfill		Within 500 m	
Sewage treatment plant or waste stabilization plant		Within 500 m	
Provincially significant wetland		Within 120 m	
Flood plain		Within 500 m	
Lake trout lake		Within 300m	

Use or Feature	On the Subject Land(s) (yes/no)	Adjacent to subject land(s)	Please indicate distance in metres
Shoreline		Within 30 m	
Source Water Protection Area		Within 500 m	
Wellhead Protection Area/ Intake Zone		Within 300 m	
Existing quarry operation or known bedrock deposit with mineral aggregate potential or existing pit or known sand, gravel or clay deposit with mineral aggregate potential		Within 300 m	
Active or closed mine site		Within 1 km	
Industrial or commercial use and specify		Within 500 m	
Municipal airport		Within 500 m	
Utility corridor(s)		Within 500 m	
Slopes greater than 20%		Within 500 m	
An identified settlement area		Within 1 km	
Employment Lands		Within 1 km	
Public spaces, parks, trails and open space		Within 500 m	
Public Transit		Within 500 m	

12. Wellhead Protection Area (WHPA)

Is any part of the subject lands within a WHPA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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13. Archaeological Resources

Do the subject lands contain any areas of archaeological potential, or will the plan permit development of the land that contains known resources or areas of archaeological potential? Yes No

Please review MTCS Criteria for Determining Archaeological Potential form with County Planning staff.

An Archaeological Assessment, prepared by a qualified professional, that is effective with respect to the Subject Lands, issued under Part VI (Conservation of Resources of Archaeological Value) of the Ontario Heritage Act and a Conservation Plan for any archaeological resources identified in the assessment is to be submitted as part of the complete application.

14. Applicant Affidavit or Sworn Declaration

I, _____ of the _____ in the County/Region of _____ solemnly declare that the information and all statements contained in this application are true and 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.

Sworn (or declared) before me at the _____ in the County of

_____ this ____ day of _____, _____.

Commissioner of Oaths

Applicant

15. Authorization of Owner for Agent to Make the Application

If the applicant is not the owner of the land that is subject of this application, the owner must complete the following or a similar authorization and attach to this application:

Authorization of Owner for Agent to Make the Application, Provide Personal Information

I/We, _____, being the registered owner(s) of the lands subject of this application for site plan agreement and I/we hereby authorize _____ to prepare and submit this application on my/our behalf.

Authorization of Owner for Agent to Provide Personal Information

I/We, _____, being the registered owner(s) of the lands subject of this application for site plan agreement, and for the purposes of the **Freedom of Information and Protection of Privacy Act**, I/we authorize _____, as my agent for this application, to provide any of my personal information that will be included in this application or collected during the processing of the application.

Name of Owner	Signature	Date
Name of Owner	Signature	Date

11. Consent of the Owner

Consent of the Owner to the Use and Disclosure of Personal Information and to Allow Site Visits to be Conducted

I/We, _____, being the registered owner of the land that is the subject of this application for Site Plan Approval and Agreement, and acknowledge that certain personal information is collected and distributed to public bodies under the authority of the **Planning Act**. For the purposes of the **Freedom of Information and Protection of Privacy Act**, I further authorize and consent to the use of my name and property details in any Notices required under the authority of the Planning Act for the purpose of processing this application.

I/We, _____, consent to representatives of the County of Haliburton and the persons and public bodies conferred with under the Planning Act entering upon the lands subject of this application for the purpose of conducting any site inspections as may be necessary to assist in the evaluation of this application.

Name of Owner	Signature	Date
Name of Owner	Signature	Date