



**Corporation of the Town of Grand Valley**  
5 MAIN ST. N. GRAND VALLEY ON L9W 5S6  
Phone: 1-519-928-5652 Fax: 1-519-928-2275  
[www.townofgrandvalley.ca](http://www.townofgrandvalley.ca)

## Application for Amendment to Town Official Plan

Under Section 22(4)(5) of the Planning Act

Property Roll Number: \_\_\_\_\_

Application Received: \_\_\_\_\_

### Completeness of the Application

The information in this form **must** be provided by the applicant with the appropriate fee. If the information and fee are not provided, the application will be returned or refused for further consideration until the information and fee have been provided. This information is prescribed in the schedule to Ontario Regulation 435/06 made under the Planning Act and Town By-Law.

The application form also sets out other information that will assist in the planning evaluation of the application. To ensure the quickest and most complete review, this information should be submitted at the time of application. In the absence of this information, it may not be possible to do a complete review within the legislated time frame for making a decision. As a result, the application may be refused.

***Section 6, Sworn Affidavit, must be signed by all owners in front of a commissioner, or Sections 7.1 and 7.2 must be completed by the property owner if an agent is making this application on their behalf.***

- **MINOR Application Fee: \$2,500.00**
- **MAJOR Application Fee: \$5,000.00**
- **PLUS disbursements and 3<sup>rd</sup> party fees, if applicable**
- **DEPOSIT as estimated by staff may be required for consultant peer review. Costs will be invoiced as received and are required to be paid in full and will not be drawn from the deposit. The deposit will be returned when your file is closed.**

### For Help

If you have any questions, please contact the Municipal Office:

**TOWN OF GRAND VALLEY**  
5 Main Street N. GRAND VALLEY ON L9W 5S6  
Phone: (519) 928-5652  
Fax: (519) 928-2275

**Please Print and Complete or (T) Appropriate Box(es)**

<b>1. Applicant and Ownership Information</b>			
1.1	Name of Applicant	Home Telephone No.	Business Telephone No.
Address		Postal Code	
Email			
1.2	Name of Owner(s) If different from the applicant an owner's authorization is required in Section 7.1, if the applicant is not the owner.		
	Address	Home Telephone No.	Business Telephone No.
1.3	Name of the person who is to be contacted about the application, if different than the applicant (this may be a person or firm acting on behalf of the applicant).		
	Name of Contact Person	Home Telephone No.	Business Telephone No.
	Address	Postal code	Fax No.
1.4	Any Mortgages, Charges, or other encumbrances in respect of the subject land:		
	Name	Address	

<b>2. Location and Description of the Subject Land</b>			
2.1	County: <b>Dufferin</b>	Municipality <b>Town of Grand Valley</b>	
	Concession Number	Lot	Registered Plan/Lot(s) / Block(s)
	Reference Plan No.	Part Number (s)	Street/Road: Street/Emergency No.
	Width of street/road ____m	<input type="checkbox"/> Municipal year round maintained road <input type="checkbox"/> County Road <input type="checkbox"/> Seasonal or private road	
	Frontage (m)	<b>Entire Property</b>	<b>Affected Area (if amendment does not affect entire property)</b>
	Depth (m)		
	Area (hectares)		

<b>3. Zoning and Official Plan Information</b>	
3.1	Current zoning of the subject lands:
3.3	Related Applications under the Planning Act, if any:
3.4	Has subject lands ever been subject of an Application under the Planning Act?
	File # Status:
	File # Status:

3.5	PURPOSE: Identify policy and give purpose of proposed amendment, if applicable. <input type="checkbox"/> CHANGE <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> DELETION <input type="checkbox"/> ADDITION
3.6	Current Official Plan Designation:
3.7	Proposed Official Plan Designation:
3.8	Are there any easements or restrictive covenants affecting the subject lands? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please describe
3.9	The land uses which would be authorized by the proposed official plan amendment.
3.10	the subject land, or lands within 120 metres of the subject land, the subject of an application for approval of an official plan amendment, a zoning by-law amendment, a minister's zoning order amendment, a plan of subdivision, a consent or a site plan? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please describe
Status:	
<b>4. Proposed Amendment</b>	
4.1	The text of the proposed amendment if a policy in the official plan is being changed, replaced or deleted or if a policy is being added to the official Plan. <input type="checkbox"/> Yes , Attached. <input type="checkbox"/> No, Does not apply.
4.2	The proposed schedule to the official plan if the proposed amendment changes or replaces a schedule in the official plan. <input type="checkbox"/> Yes , Attached. <input type="checkbox"/> No, Does not apply
<b>5. Consistency with Policy Documents</b>	
5.1	Does this application  Alter the boundary of a settlement area? <input type="checkbox"/> yes <input type="checkbox"/> no Create a new settlement area? <input type="checkbox"/> yes <input type="checkbox"/> no Remove lands from an employment area? <input type="checkbox"/> yes <input type="checkbox"/> no  If yes, provide details of any Official Plan or Official Plan Amendment
5.2	Are the subject lands in an area where conditional zoning may apply? <input type="checkbox"/> yes <input type="checkbox"/> no  If yes, provide details of how this application conforms to Official Plan conditional zoning policies.
5.3	Is the proposed application consistent with the Provincial Policy Statement and any other Policy Statements issued under subsection 3(1) of the Planning Act: <input type="checkbox"/> yes <input type="checkbox"/> no   <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-top: 1px solid black; padding-top: 5px;">           Name of individual having knowledge of the policy statements. A report may be required to accompany this application and support the above statement of consistency.         </div> <div style="width: 45%; border-top: 1px solid black; padding-top: 5px;">           Signature         </div> </div>

5.4 Are the subject lands within the Greenbelt Plan area <input type="checkbox"/> yes <input type="checkbox"/> no	4.5 Are the subject lands within the Greater Golden Horseshoe Growth Plan area <input type="checkbox"/> yes <input type="checkbox"/> no
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5.6 Does the proposed application conform to or does not conflict with the Provincial Plans, including the Greenbelt Plan and Growth Plan:  
 yes  
 no

\_\_\_\_\_  
 Name of individual having knowledge of the plans  
 A report may be required to accompany this application and support the above statement of consistency.

\_\_\_\_\_  
 Signature

**6. Land Use**

6.1 Date property acquired  Unknown

6.2 Existing Use	5.3 Proposed Use
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**7. Environmental**

<b>Water</b> <input type="checkbox"/> Private Well <input type="checkbox"/> Communal Well <input type="checkbox"/> Municipal Well <input type="checkbox"/> Other: _____	<b>Sewage Disposal</b> <input type="checkbox"/> Private Septic <input type="checkbox"/> Communal System <input type="checkbox"/> Other: _____	<b>Storm Drainage</b> <input type="checkbox"/> Sewer <input type="checkbox"/> Ditches <input type="checkbox"/> Swales <input type="checkbox"/> Others: _____	<b>Tile Drainage</b> <input type="checkbox"/> no <input type="checkbox"/> yes, please mark on site plan location of tile runs	<b>Biosolids</b> <input type="checkbox"/> no <input type="checkbox"/> yes, please mark on site plan location and timing of applications
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Does the proposed development produce greater than 4500 litres of effluent per day?  yes  no

If yes, attach a servicing options report and hydro geological report.

**8. Agriculture**

Are lands part of a Nutrient Management Plan?  
 no  yes, please provide plan number \_\_\_\_\_ and date approved by OMAFRA \_\_\_\_\_

Are there any livestock facilities within 500 metres of the subject lands?  no  yes If yes, complete the following for each farm operation:

Animal type	Barn dimensions of all barns capable of housing livestock	Number of tillable hectares of farm land	Type of Manure storage
Animal type	Barn dimensions of all barns capable of housing livestock	Number of tillable hectares of farm land	Type of Manure storage

**9 Sketch**

9.1 The application shall be accompanied by a sketch showing the following: **(Please Use Metric Units)**

- the boundaries and dimensions of the subject land.
- the location, size and type of all existing and proposed buildings and structures on the subject land, indicating the distance of the buildings or structures from the front yard lot line, rear yard lot line and side yard lot lines.
- the approximate location of all natural and artificial features on the subject land and on land that is adjacent to the subject land that may affect the application. Examples include buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded areas, wells and septic tanks.
- the current use on land that is adjacent to the subject land.
- the location width and name of any road 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.
- the location and nature of any easement affecting the subject land.

**10. Affidavit, Sworn Declaration and Authorizations**

Please include the authorization, declarations and acknowledgement form.

# AUTHORIZATION, DECLARATIONS AND ACKNOWLEDGEMENTS



## IN THE MATTER OF A PLANNING APPLICATION FOR:

- Official Plan Amendment                       Consent to Sever                       Other \_\_\_\_\_  
 Zoning By-law Amendment               Plan of Subdivision/Condominium

## OWNERS AUTHORIZATION

I, \_\_\_\_\_, am the owner of the lands subject to this application hereby agree to the following:

1. Town staff or their representatives are authorized to enter my property for the purposes of evaluating this application.
2. I acknowledge and agree to pay all costs associated with the processing and evaluation of this application, including any peer reviews and consulting fees. These costs may be deducted from the deposit or invoiced directly, at the discretion of the Town. Should this application be appealed to the LPAT, I am aware that I will be responsible and agree to pay all fees related to the LPAT process.
3. For the purposes of the Freedom of Information and Protection of Privacy Act, I 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, and further I authorize 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 this application.
4. I authorized \_\_\_\_\_ to make this application on my behalf.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Owner

## SWORN DECLARATION OF APPLICANT

I, \_\_\_\_\_ of the \_\_\_\_\_  
in the \_\_\_\_\_ make oath and say (or solemnly declare) that the information contained in this application is true and that the information contained in the documents that accompany this application is true.

Sworn (or declared) before me

at the \_\_\_\_\_

in the \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ Applicant

\_\_\_\_\_ Commissioner of Oaths

\_\_\_\_\_ Applicant