



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-  
[www.townofgrandvalley.ca](http://www.townofgrandvalley.ca)

# Application for Amendment to Zoning By-Law

Under Section 34 of the Planning Act  
**RECEIVED**

JUL 13 2023

DATE RECEIVED \_\_\_\_\_  
TOWN OF GRAND VALLEY  
Per \_\_\_\_\_

Property Roll Number 218600

### 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.

**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.**

### Submission of the Application

- 1 copy of the completed application form and 1 copy of the sketch are required by the Town.
- ~~MINOR Application Fee \$1500.00~~
- MAJOR Application Fee ~~\$2000.00~~ \$2500 MK
- PLUS Deposit if applicable
- Measurement to be in metric units.
- 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.

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 <b>KAILLA FORRESTER</b>	Home Telephone No. <b>226-751-3587</b>	Business Telephone No.
	Address <b>21 ARTHUR ST W HARRISTON ONT P.O. BOX 71</b>		Postal Code <b>NOG 1Z0</b>
	Email <b>Kailla.f@hotmail.com</b>		
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: <b>N/A</b>		
	Name	Address	
	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 <b>SIDEROAD 27-28</b>	Lot	Registered Plan/Lot(s) / Block(s)
	Reference Plan No.	Part Number (s)	Street/Road: <b>HIGHWAY 89</b> Street/Emergency No. <b>502180</b>
	Width of street/road <b>12.8</b> m	<input checked="" type="checkbox"/> Municipal year round maintained road <input type="checkbox"/> County Road <input type="checkbox"/> Seasonal or private road	
	Frontage (m)	Entire Property <b>51m</b>	Affected Area (if amendment does not affect entire property)
	Depth (m)	<b>40m</b>	
	Area (hectares)	<b>0.204</b> <del>0.204</del> HECTARES	
<b>3. Zoning and Official Plan Information</b>			
3.1	Current zoning of the subject : <b>INSTITUTIONAL</b>		3.2 Proposed Zoning: <b>RURAL RESIDENTIAL</b>

<p>3.3 Related Applications under the Planning Act, if any: <b>NIA</b></p>	<p>3.4 Has subject lands ever been subject of an Application under the Planning Act? <b>NA</b></p> <p>File # _____ Status: _____</p> <p>File # _____ Status: _____</p>
<p>3.5 Nature &amp; Extent of the proposed zoning</p> <p><b>TO ZONE AS RURAL RESIDENTIAL</b></p>	
<p>3.6 Purpose/Reason why the rezoning is requested:</p> <p><b>THE REASON FOR THE REQUEST IS SO WE CAN MAKE THIS PROPERTY INTO A SINGLE FAMILY DWELLING.</b></p>	
<p>3.7 Current Official Plan Designation: <del>INSTITUTIONAL</del> <b>Agricultural</b> <b>KF</b></p>	
<p>3.8 Provide an explanation of how the application conforms to the Official Plan</p> <p><b>RESIDENTIAL PERMITTED in Ag designation. KF</b></p>	



<input type="checkbox"/> Existing <input type="checkbox"/> Proposed									
<input type="checkbox"/> Existing <input type="checkbox"/> Proposed									
<input type="checkbox"/> Existing <input type="checkbox"/> Proposed									
<input type="checkbox"/> Existing <input type="checkbox"/> Proposed									

5.5 Environmental

<b>Water</b> <input type="checkbox"/> Private Well <input type="checkbox"/> Communal Well <input type="checkbox"/> Municipal Well	<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 checked="" type="checkbox"/> no <input type="checkbox"/> yes, please mark on site plan location of tile runs	<b>Biosolids</b> <input checked="" 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.

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

5.7 Statement of Requirements: Please complete the following chart

Zone Requirements: (Office Use)

Lot Area (hectares)	0.204 HECTARES	
Frontage (m)	51m	
Front Yard (distance between front lot line and building or structure) (m)	5m	
Rear Yard (m)	21.8m	
Interior Side Yard (m)	42m	
Exterior Side Yard (m)	3m	
Height (m)	9m	
Lot Coverage (building footprint as % lot area)	6%	
Dwelling Size (m <sup>2</sup> )	113.6m <sup>2</sup>	
Landscaping (% of lot area)		

**6. Sketch**

6.1 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.

**7. Affidavit, Sworn Declaration, Authorizations & Fees**

Please complete the authorization, declarations and acknowledgement form.

# AUTHORIZATION, DECLARATIONS AND ACKNOWLEDGEMENTS



## IN THE MATTER OF A PLANNING APPLICATION FOR:

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

## OWNERS AUTHORIZATION

I, KAILLA FORRESTER & MATTHEW LANGRIDGE, 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 OMB, I am aware that I will be responsible and agree to pay all fees related to the OMB 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 authorize \_\_\_\_\_ to make this application on my behalf.

\_\_\_\_\_ Date

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

## SWORN DECLARATION OF APPLICANT

I, KAILLA FORRESTER + MATTHEW LANGRIDGE of the 502180 HIGHWAY 89, GRAND VALLEY in the TOWN OF GRAND VALLEY DUFFERIN COUNTY 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 TOWN OF GRAND VALLEY

in the COUNTY OF DUFFERIN

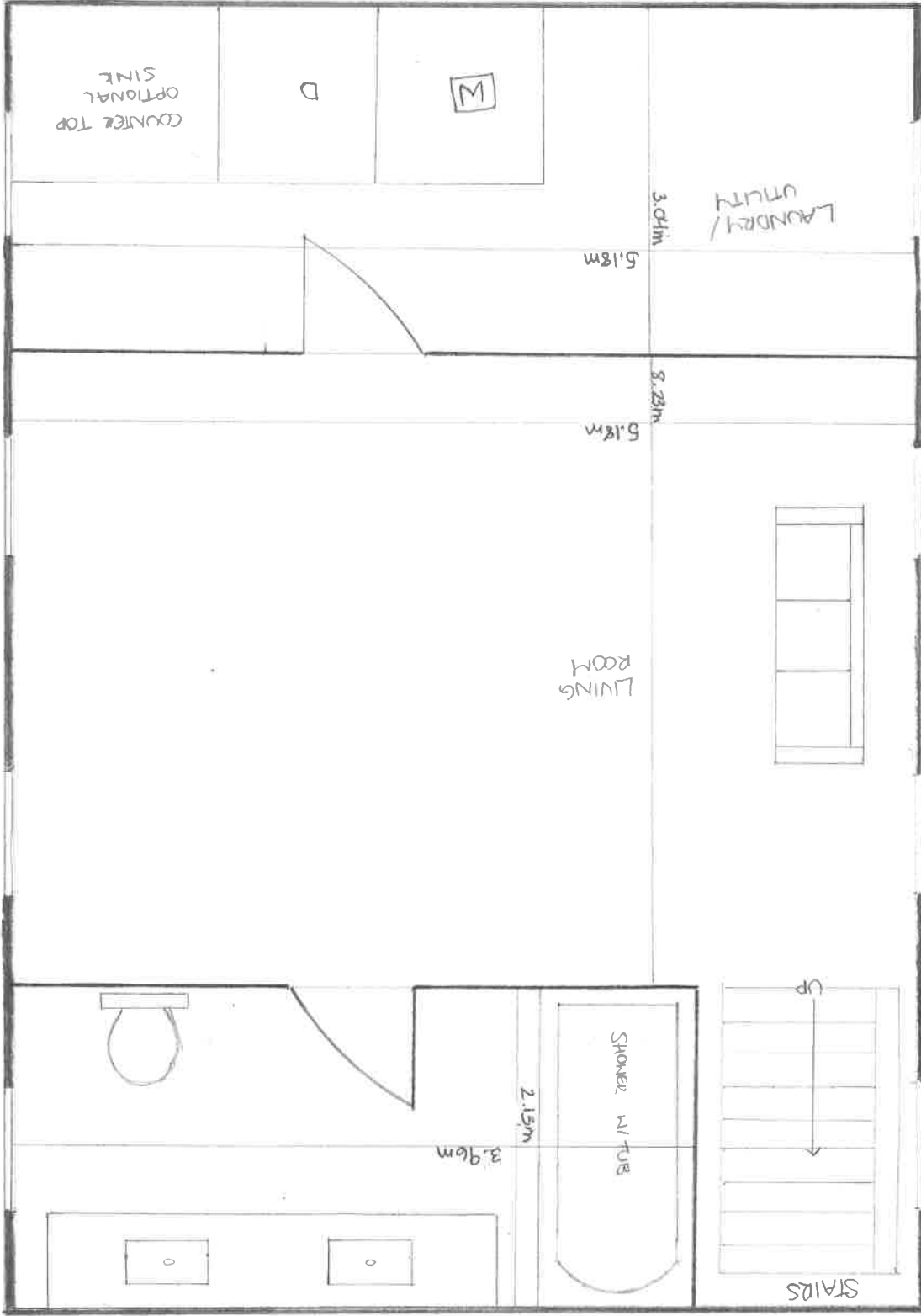
this 12<sup>th</sup> day of JULY 2023

Mark Henry Kluge, a Commissioner, etc.,  
Province of Ontario, for the Corporation of  
the Town of Grand Valley  
Expires July 5, 2025.

Kailla Forrester  
Applicant

Mark H. Kluge  
Commissioner of Oaths

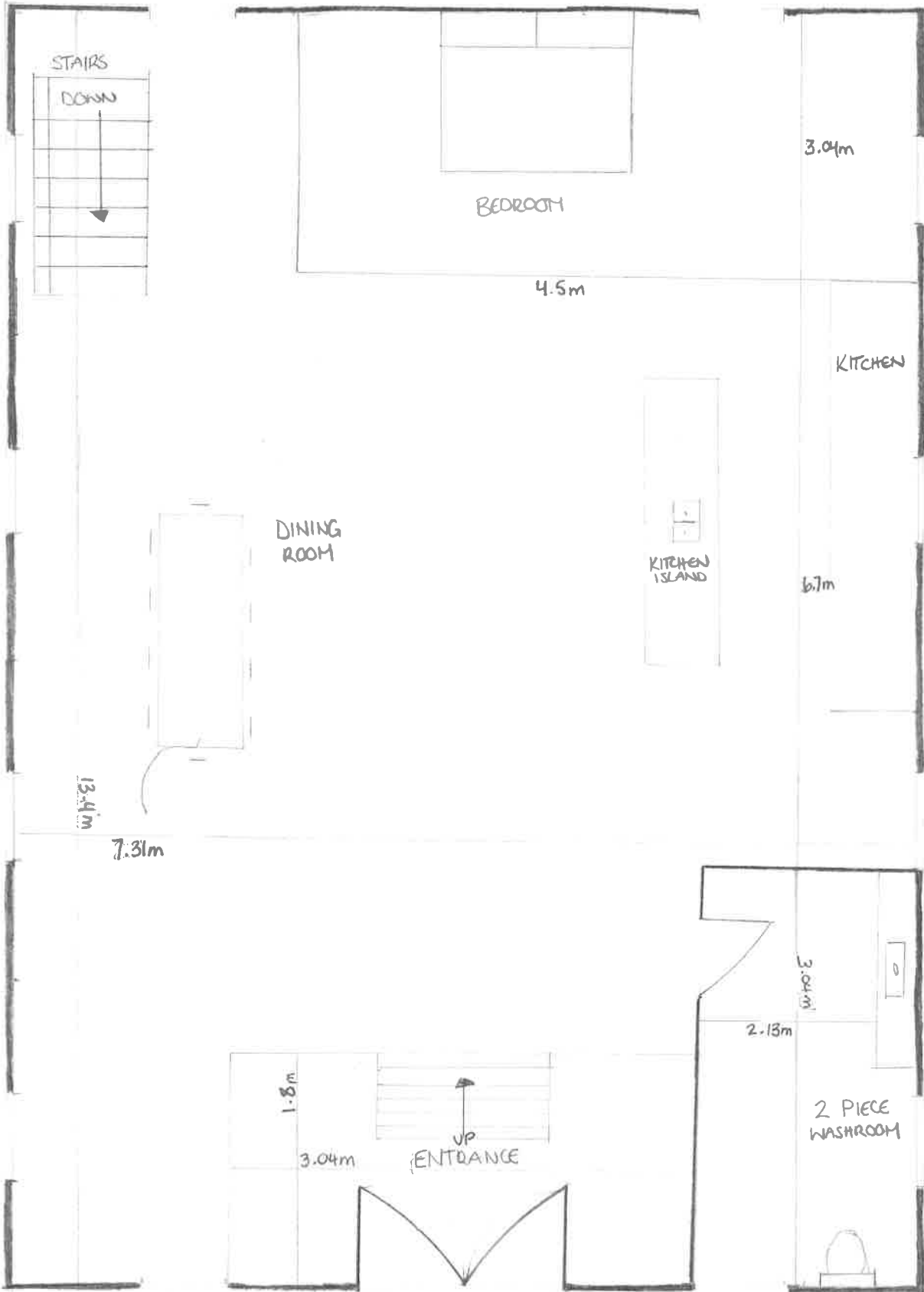
[Signature]  
Applicant



LOWER LEVEL

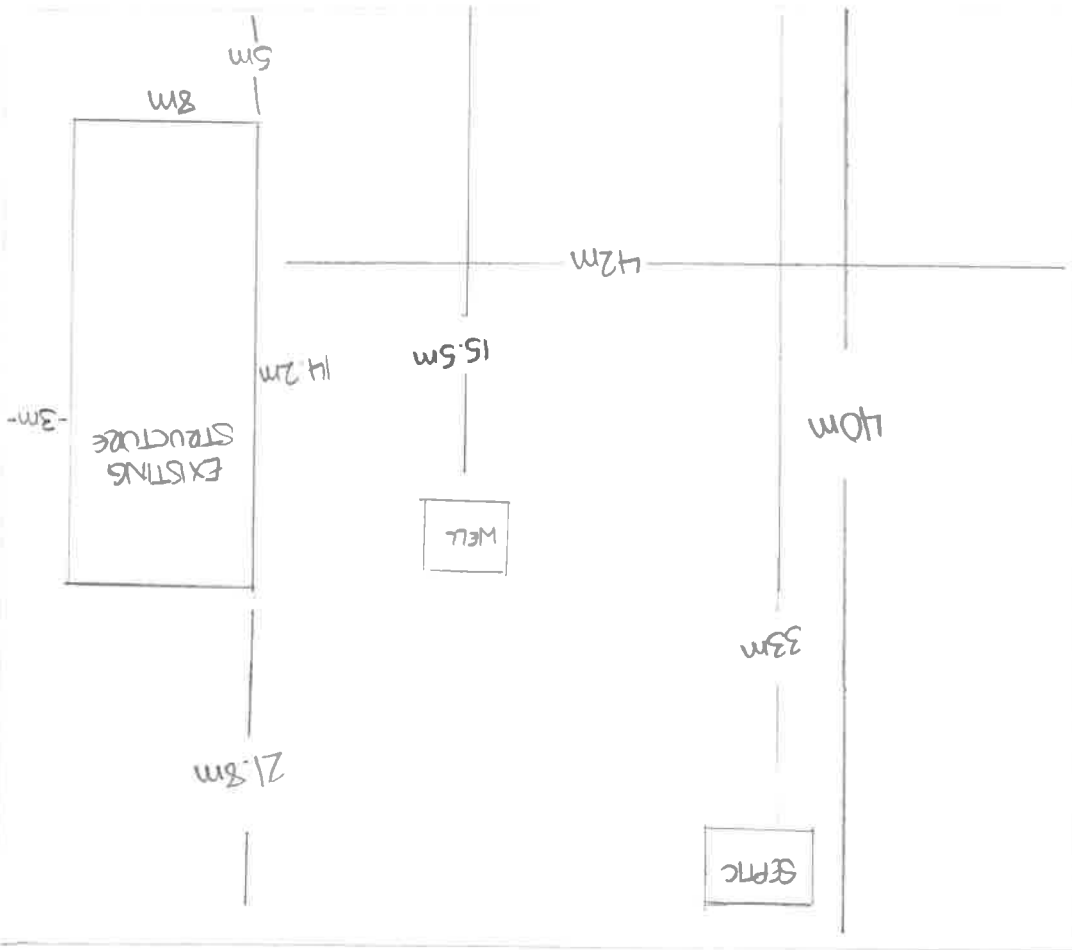


# MAIN FLOOR

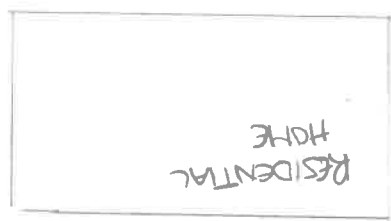


FARM LAND

SIDEROAD 27-28 8.7m



HIGHWAY 89 12.8m



FARM LAND