

**COUNTY OF OXFORD**

**APPLICATION FOR AN AMENDMENT  
TO THE OFFICIAL PLAN**

**SECTION ONE - GENERAL INFORMATION**

**1. Applicant:**

a) Name \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax No. \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

b) Applicant's Interest in Subject Land:

- \_\_\_\_ Registered Owner  
\_\_\_\_ Agreement of Purchase and Sale (attach copy)  
\_\_\_\_ Mortgage  
\_\_\_\_ Other (specify) \_\_\_\_\_

**2. Registered Owner: (if other than applicant)**

Name Corporation of the Town of Tilsenbury Telephone: 519.688.3009  
Address 100 Broadway Suite 204 Cell Phone: \_\_\_\_\_  
Tilsenbury ON Fax No. \_\_\_\_\_  
Postal Code: M6 5A7 Email Address: Clerks@tilsenbury.ca

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

Name Cephas Panschow Telephone: 519.688.5651  
Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax No. \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Email Address: Cpanschow@tilsenbury.ca

**4. Location of Subject Land:**

Lot Number(s) \_\_\_\_\_ Concession / Plan No. M53  
Part Number(s) \_\_\_\_\_ Reference Plan No. M53  
Municipality Tilsenbury Former Municipality \_\_\_\_\_  
Street/911 Civic Address 41(?) Clear Valley Dr  
The subject land is located on the North side of the Street, lying between Holland Gate Street  
and end of the Street.

**SECTION TWO - OFFICIAL PLAN INFORMATION** (Complete sections only where applicable)

5. Purpose of requested Amendment: To redesignate the property to residential to accommodate a single family dwelling unit.

6. Is the application consistent with the Provincial Policy Statement, 2014, as amended? (see Item No. 9 in the application guide) Yes ☒ No ☐

7. Is this a request for an Amendment to a Schedule(s) of the Official Plan: \_\_\_\_\_ (yes/no) If yes, complete the following:

SCHEDULE (E.G. C-3)	TITLE	DESIGNATION OF SITE	USES PERMITTED
<b>Existing:</b>			
<b>Proposed:</b>			

8. Is this a request for an Amendment to the text of the Official Plan: No (yes/no) If yes, complete the following:

- a) Chapter, Section and Subsection title \_\_\_\_\_
- b) Is this section / subsection to be: Changed \_\_\_\_\_ Replaced \_\_\_\_\_ Deleted \_\_\_\_\_
- c) If changed/replaced, proposed text of Amendment \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**SECTION THREE – DESCRIPTION OF DEVELOPMENT** (If specific development is proposed, complete the following)

9. Present Use of Subject Land: Vacant land

10. Description of Existing Building(s) or Structure(s) on Subject Land: (Date of construction, present use) None

\_\_\_\_\_

\_\_\_\_\_

11. Proposed Use of Subject Land: (Description of Applicant's Proposal) Residential (Low Density)

\_\_\_\_\_

\_\_\_\_\_

12. Proposed Buildings or Structures associated with the Proposed Land Use: (include information regarding alteration to or demolition of existing buildings or structures)

1,500 to 2,000 sq Single Family Dwelling unit.

**13. For proposed Residential development, specify:**

- a) Gross or Net Density/Hectare 0.2
- b) No. of Units 1 Type of Units SFD

**14. For proposed Commercial, Industrial, Institutional or Recreational development, specify:**

- a) Gross Floor Area (by type of uses) \_\_\_\_\_
- b) Proposed Uses \_\_\_\_\_

**SECTION FOUR – SITE INFORMATION AND SERVICES****15. Dimensions of Subject Land:** (in metric units)

- a) Area 0.6 ha b) Frontage 19.955 m c) Depth 104 m irregular

**16. Access to Subject Land:**

- \_\_\_\_ Provincial Highway  
 \_\_\_\_ County Road  
☒ Municipal Road
- \_\_\_\_ Unopened Road Allowance  
 \_\_\_\_ Private Right-of-Way  
 \_\_\_\_ Other (specify) \_\_\_\_\_

**17. Adjacent Land Uses:** (Indicate nature of adjacent land uses)

Single Family Residential Area

**18. Services:**

	MUNICIPAL WATER	MUNICIPAL SEWER	PRIVATE WATER	PRIVATE SEWER**
CONNECTED (YES/NO)	<u>No</u>	<u>No</u>	<u>No</u>	<u>No</u>
TYPE (INDIVIDUAL/COMMUNAL)				

Municipal Storm Sewers ☒ Municipal Drain \_\_\_\_\_ (Please check one)

**\*\*Note:** If the requested amendment involves development on a privately owned and operated individual or communal septic system and more than 4500 litres per day of effluent will be produced as a result of the completed proposal, the applicant must submit a **servicing options report and a hydrogeological report.**

**SECTION FIVE - ZONING BY-LAW****19. Municipal Zoning By-Law Number:** 3295

Existing Zoning of Subject Land Open Space

**20. Has an application for Zone Change been filed?**

If yes, describe the proposed zoning of the subject land R1 Yes ☒ No \_\_\_\_\_

**SECTION SIX – OTHER INFORMATION**

21. If the subject land, or any land within 120 meters of it, is the subject of an application by the applicant for a minor variance, a consent or consent and minor variance, an amendment to the Official Plan, a zoning by-law amendment, a Minister's zoning order, or approval of a plan of subdivision or site plan, please provide the file number, the name of the approval authority considering it, the land it affects, its purpose, its status, and its effect on the requested amendment.

N/A

22. If the requested amendment proposes to alter all or any part of the boundary of a designated settlement area or proposes to establish a new settlement area, please provide the current section containing policies of the Official Plan dealing with the alteration or establishment of a designated settlement area.

N/A

23. If the requested amendment proposes to remove the subject land from an area of employment, please provide the relevant section of the Official Plan dealing with the removal of land from an area of employment.

N/A

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.

**AUTHORIZATION OF OWNER(S) FOR AGENT TO MAKE THE APPLICATION**

I / We, \_\_\_\_\_  
am/are the owner(s) of the land that is the subject of this application for Official Plan amendment. 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 Cephas Panschow  
 of the Town of Tillsonburg in the County of Oxford  
 (Township or Municipality) (County or Region)

**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.*

DECLARED before me at the Town  
 of Tillsonburg in the  
County of Oxford  
 this 31<sup>st</sup> day of August 2020

[Signature]  
 Owner / Applicant

[Signature]  
 Owner / Applicant

[Signature]  
 A Commissioner for Taking Affidavits **MICHELLE SMIBERT, TOWN CLERK**  
**TOWN OF TILLSONBURG**  
**COMMISSIONERS AFFIDAVITS ACT**  
**R.S.O. 1990, Chap. C.17, Sec 1(2)**

**If the decision of this application is appealed by a third party, I \_\_\_\_\_,**

(owner/applicant name – please print)

**agree to support the application, provide assistance in the preparation and presentation of the application before the Local Planning Appeal Tribunal and pay all of the County's legal costs associated with the Tribunal hearing.**

\_\_\_\_\_  
 (signature of owner/applicant)

**MFIPPA Notice of Collection & Disclosure**

The collection of personal information on this form is legally authorized under Sec.22 of the *Planning Act* and O.Reg.543/06 for the purpose of processing your planning application. Questions about this collection should be directed to the Director of Community 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.