

Application for Consent

Municipality of West Grey
 402813 Grey Road 4
 RR 2 Durham, ON N0G 1R0
 Telephone No. 519-369-2200 Fax No. 519-369-5962

To be completed by the Municipality:

Application No. B20.2020

Assessment Roll No. _____

Before completing this application and submitting it to the Municipality, please be advised of the following:

Prior to submitting an application for Consent, you are required to discuss the proposal with the Municipal Planner. Please contact the Municipal office to make this arrangement.

The application will only be accepted if: the application has been completed properly; a proper drawing has been submitted; the applicable fees have been submitted; and, the necessary background information in support of the proposed development, where deemed necessary by the Municipality, has been filed. The submission requirements will be outlined during the pre-submission discussions.

Your submission must include a cheque to cover the Consent application fee and a second cheque to cover the applicable Conservation Authority review fee. Please contact the Municipality to determine the exact amount to be paid.

The application must be signed by the applicant before a commissioner of oath. A Municipality staff member has been appointed this position. If the applicant is not the owner of the subject property, the applicant must have authorization from the owner to submit the application (see Question 24 of this application.) If two or more persons collectively own the property, all owners must sign the application form.

1. APPLICANT INFORMATION

- a) Registered Owner's Name(s): CHAD STEVEN WELTZ AND REBECCA MARIE WELTZ
 Address: 222 DJAY CRESCENT, PO BOX 232, DURHAM, ONTARIO N0G 1R0
 Phone: Home (_____) _____ Work (_____) _____ Cell (_____) _____
 E-mail address: [REDACTED]
- b) Applicant's or Agent's Name(s) Kristine Loft, Loft Planning Inc.
 Address: PO Box 246, STN MAIN, Collingwood, Ontario L9Y 3Z5
 Phone: Home (_____) _____ Work (705) 446 1168 Cell (705) 888 4710
 E-mail address: kristine@loftplanning.com
- c) Name, Address, Phone of all persons having any mortgage charge on encumbrance on the property: _____

- d) Send Correspondence to (check all applicable)? Owner ☐ Agent ☒ Other ☐

2. SUBJECT PROPERTY

Municipal Address (if applicable) 221126 GREY ROAD 9

Assessment Roll Number No. 4205 010 00300100.0000

Lot 4

Concession 13

Registered Plan No. RP 16R8546

Lot _____

Reference Plan _____

PARTS 1 AND 2

3. DIMENSIONS OF SUBJECT PROPERTY (in metric)

Area: .3594 hectares

Frontage: 86.8 metres

Depth: 42.3 metres

4. IS THERE AN EASEMENT(S) OR RESTRICTIVE COVENANT(S) THAT CURRENTLY APPLIES TO THE PROPERTY? IF SO, PLEASE EXPLAIN AND SHOW ON SKETCH.

NO

5. WHAT IS THE EXISTING USE OF THE SUBJECT PROPERTY?

Vacant Land

6. WHAT IS THE PURPOSE OF THIS CONSENT APPLICATION?

New lot ☒ _____

Lot addition _____

Lease / charge _____

Easement / Right of way _____

Other, specify _____

7. EXPLAIN THE CONSENT PROPOSAL AND INCLUDE THE INTENDED USE OF THE SUBJECT LANDS (BOTH PARCELS IF APPLICABLE):

The proposal is to sever a parcel of land for residential use. The retained parcel will also be used for residential use.

8. IF APPLICABLE, STATE THE NAME OF THE PERSON TO WHOM THE LAND IS TO BE TRANSFERRED, CHARGED OR LEASED:

Name(s): --

Address: _____

Phone: Home (_____) _____ Work (____) _____ Cell (____) _____

E-mail address: _____

9. PROVIDE A DESCRIPTION OF THE PROPOSED LOTS (in metric units)

LOT 6

	Severed Parcel	Retained Parcel
Frontage (metres)	9.3	23.5
Depth (metres)	41.3	41.3
Area (square metres or hectares)	390	963
Current Use	Vacant Land	Vacant Land
Proposed Use	Residential	Residential

10. INDICATE THE TYPE OF ROAD ACCESS:

Severed Parcel

Retained Parcel

☐
☐

Provincial Highway

☒
☒

County Road

☐
☐

Municipal Road, open year-round

☐
☐

Municipal Road, not maintained year-round

☐
☐

Private Right of Way

11. INDICATE THE TYPE OF SERVICING:

Type of Servicing	Severed Parcel		Retained Parcel	
	Existing	Proposed	Existing	Proposed
Water Servicing Municipal, Communal, Private Well	X	X	X	X
Sewer Servicing Communal, Private Septic	X	X	X	X
Storm Servicing Storm Sewer, Ditches, Swales	X	X	X	X

12. PROVIDE THE FOLLOWING DETAILS FOR ALL BUILDINGS, EXISTING AND PROPOSED:

(Use a separate page if necessary)

Buildings	Use of Building	Ground Floor Area (m ²)	Total Floor Area (m ²)	No. of Storeys	Height (m)
SEVERED PARCEL					
Existing Building No. 1					
Existing Building No. 2					
Existing Building No. 3					
Existing Building No. 4					
Existing Building No. 5					
Proposed Building No. 1	Residential semi-detached unit	107	181 w basement	1	TBC
Proposed Building No. 2					
Proposed Building No. 3					
Retained Parcel					
Existing Building No. 1					
Existing Building No. 2					
Existing Building No. 3					
Existing Building No. 4					
Proposed Building No. 1					
Proposed Building No. 2					
Proposed Building No. 3					

13. WHAT IS THE LAND USE DESIGNATION OF THE SUBJECT LANDS ACCORDING TO THE COUNTY OF GREY OFFICIAL PLAN? Settlement Area

WHAT IS THE LAND USE DESIGNATION OF THE SUBJECT LANDS ACCORDING TO THE

WEST GREY OFFICIAL PLAN? (IF APPLICABLE) Residential

14. WHAT IS THE ZONING OF THE SUBJECT LANDS ACCORDING TO THE MUNICIPALITY OF WEST GREY ZONING BY-LAW? C2 and A3

15. IS THE CONSENT APPLICATION CONSISTENT WITH THE PROVINCIAL POLICY STATEMENT? Yes ☒ No ☐

17. HAS THE SUBJECT LANDS EVER BEEN THE SUBJECT OF AN APPLICATION FOR A PREVIOUS PLAN OF SUBDIVISION OR SEVERANCE? Yes ☐ No ☒

IF THE ANSWER IS "YES", PLEASE PROVIDE THE FILE NUMBER AND THE STATUS OF THE APPLICATION: _____

18. HAS THE APPLICANT OR OWNER MADE APPLICATION FOR ANY OF THE FOLLOWING, EITHER ON OR WITHIN 120 METRES OF THE SUBJECT LAND?

Official Plan Amendment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Zoning By-law Amendment	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Minor Variance	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Consent	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Plan of Subdivision	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Site Plan Control	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

IF ANY ANSWER TO ANY OF THE ABOVE IS "YES", PLEASE PROVIDE THE FOLLOWING INFORMATION:

File No. of Application: _____

Approval Authority: _____

Purpose of Application: _____

Status of Application: _____

Effect on the Current Application for Consent: _____

19. LIST ALL PUBLIC AGENCIES TO WHICH YOU DISCUSSED THIS CONSENT APPLICATION PRIOR TO SUBMITTING THIS APPLICATION:

Municipality and County

20. LIST THE TITLES OF ANY SUPPORTING DOCUMENTS SUBMITTED WITH THIS APPLICATION

(e.g. Planning Report, Environmental Impact Study, Traffic Study, Storm Water Management Report, etc.)

Functional Servicing Report - Cobide Engineering and Planning Justification Report - Loft Planning Inc.

21. REQUIRED DRAWING

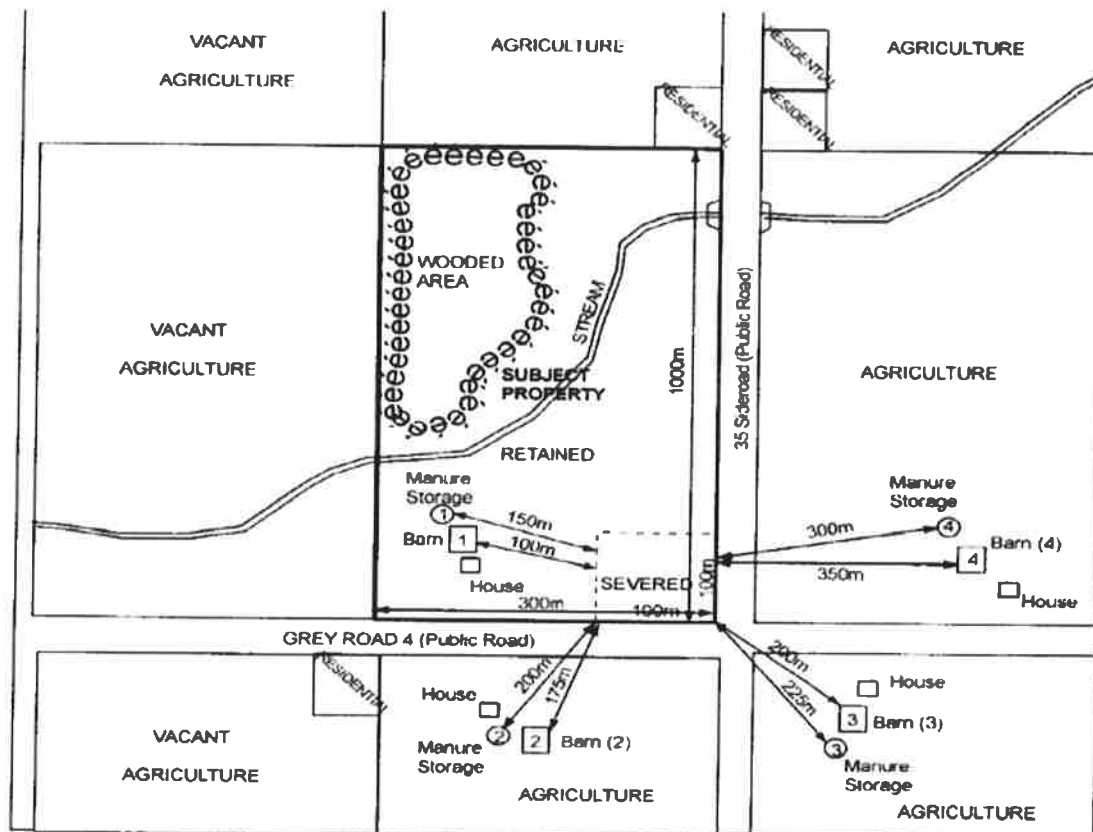
A drawing prepared to scale on an 11" x 14" sheet of paper is required showing:

- the north arrow;
- the lands that are owned by the owner/applicant, including dimensions;
- the lands that only subject to the application, if different from the above, including

dimensions;

- the location of all open and unopen roads that abut the subject property;
- the location of all buildings or structures on the subject property, including setbacks from lot lines;
- the location of the septic system and well, if applicable;
- the location of driveways and parking areas on the subject property;
- the location of other features on the property including forested areas, watercourses;
- the location of easements on the subject property, if applicable;
- the uses of the adjacent lands;
- the location of all barns and manure storage facilities on the subject property and on lands within 500 metres of the subject property;

Sample Drawing



22. PUBLIC CONSULTATION

To meet the minimum requirements for Public Consultation under the *Planning Act*, the Planning Department undertakes public consultation on your behalf for your proposed development. Do you propose to undertake any further public consultation (at your own expense) on behalf of your proposal?

- ☒ No
- ☐ Yes, I have or plan to speak with my neighbours to clarify any concerns they may have
- ☐ Other plans: (public open houses, radio or newspaper advertisements, etc; please discuss these plans with the Department prior to initiating them)

23. UNDERSTANDING OF OWNER:

The following shall be signed the owner(s) of the subject property:

I (we), CHAD STEVEN WELTZ AND REBECCA MARIE WELTZ of the Town of Durham
print your name(s) here

_____ in the County/Region of Grey

understand and agree to the following:

1. I/we understand that the Application Fee / Deposit Agreement must be signed and submitted along with this application.
2. I/we agree to allow Municipality staff and its representatives to enter upon the premises for the purpose of performing inspections of the subject property.
3. I/we provide my/our consent, in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, that the information on this application and any supporting documentation provided by myself, my agents, consultants and solicitors, as well as commenting letters of reports issued by the Municipality.

Betty Wells
Signature of Owner

September 30, 2020

Date


Signature of Owner

September 30, 2020
Date

24. AUTHORIZATION FOR AGENT/SOLICITOR TO ACT FOR OWNER:

If the person applying for the Consent, as listed in Question 2, is not the owner of the property, as listed in Question 1, then the following must be completed and signed:

I (we), CHAD STEVEN WELTZ AND REBECCA MARIE WELTZ of the Town of Durham
print your name(s) here

_____ in the County/Region of Grey

hereby authorize Kristine Loft, Loft Planning Inc. to serve as my/out agent.

Barry Wells
Signature of Owner

September 30, 2020
Date

Signature of Owner

September 30, 2020
Date

25. AFFIDAVIT

The following must be signed in the presence of a Commissioner of Oath:

I (we), Kristine Loft of the Township of
print name(s) here
Clearwater in the County/Region of Simcoe

solemnly declare that all the statements contained in this application are true, and I (we) 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 Town of The Blue Mountains
in the County/Region of Grey
this 7 of October, 2020.

Tanya Staels
Name of Commissioner

[Signature]
Signature

Kristine Loft
Applicant name in Print

Kristine Loft
Signature of Applicant

Applicant name in Print

Signature of Applicant

Tanya Ann Staels, a Commissioner, etc.,
Province of Ontario, for The Corporation of The
Town of The Blue Mountains
Expires February 4, 2023

To be completed by the Municipality:

Application fee of \$ _____ received by the Municipality.

Conservation Authority review fee of \$ _____ received by the Municipality

Municipality staff signature