



Application No. \_\_\_\_\_

City View No. \_\_\_\_\_

**Application for Official Plan Amendment  
Town Of Lakeshore**

1. Name of approval authority: County of Essex

2. Date application received by municipality \_\_\_\_\_

3. Date application deemed complete by municipality \_\_\_\_\_

4. Name of registered owner \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Name of registered owner's authorized agent (if any) \_\_\_\_\_

Telephone number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Please specify to whom all communications should be sent:

Registered Owner

Authorized Agent

Both

5. Location and description of subject land:

Municipality \_\_\_\_\_

Concession No. \_\_\_\_\_ Lot(s) No. \_\_\_\_\_

Registered Plan No. \_\_\_\_\_ Lot(s) No. \_\_\_\_\_

Reference Plan No. \_\_\_\_\_ Part(s) No. \_\_\_\_\_

Street Address \_\_\_\_\_ Assessment Roll No. \_\_\_\_\_

6. Existing Size of Subject Parcel:

Frontage \_\_\_\_\_ Depth \_\_\_\_\_ Area \_\_\_\_\_

7. Current use of subject land

\_\_\_\_\_

8. Proposed change to Official Plan land use **designation** affecting subject land:

Current Official Plan designation

\_\_\_\_\_

Current land use(s) permitted

\_\_\_\_\_

Proposed Official Plan designation

\_\_\_\_\_

Proposed land use(s) permitted

\_\_\_\_\_

Note: If a change in land use designation is proposed, the applicant is to provide a copy of the Map Schedule from the Official Plan with the proposed change and accompanying text indicated thereon.

9. Proposed change to Official Plan land use **policy** affecting subject land:

Existing land use policy to be deleted or amended

\_\_\_\_\_

Land use policy to be added

\_\_\_\_\_

Purpose of new or amended land use policy

New land uses permitted by change in land use policy

\_\_\_\_\_

Text of proposed land use policy change being applied for

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(use a separate sheet of paper if necessary)

10. Current land use of abutting property:

North

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South

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East

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West

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11. Type of water supply:

municipally owned and operated piped water supply

well

Other (specify) \_\_\_\_\_

12. Type of sanitary sewage disposal:

municipally owned and operated sanitary sewers

septic system

Other (specify) \_\_\_\_\_

13. Type of storm drainage:

sewers

ditches

swales

Other (specify) \_\_\_\_\_

14. Please indicate whether the subject land or any land within 120 metres of the subject land is the subject of an application made by the applicant for approval of one of the following:

an official plan amendment

a zoning by-law amendment

- a Minister's zoning order amendment
- a minor variance
- a plan of subdivision
- a consent
- a site plan

15. Were there or are there any above ground fuel tanks on the subject land?

- Yes     No

16. Are the subject lands within 1000 metres (3,280 feet) of an existing livestock facility?

- Yes     No

If yes, provide details on the type and size of the livestock facility.

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If known, please provide the following with respect to the application(s):

File number

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Name of the approval authority

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Lands affected

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Purpose

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Status

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Effect on the amendment proposed by this application

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Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

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(Signature of owner or authorized agent)

**Consent of the Owner/Authorized Applicant to the Use and Disclosure of Information and Supporting Documentation**

I, \_\_\_\_\_, am the Authorized Applicant for the owner of the land (if owner is applying directly strike out reference to the “authorized applicant”) that is the subject of this planning application and for the purposes of the Municipal Freedom of Information and Protection of Privacy Act I authorize and consent to the use by dissemination or the disclosure to any person or public body of any personal information, and any reports/studies and supporting documentation submitted in support of this application, that are collected under the authority of the Planning Act for the purposes of processing this application. I acknowledge being advised that should I have any questions about this collection of information or its release I may contact the Clerk of the Town of Lakeshore, 419 Notre Dame Street, Belle River, ON N0R 1A0, (519) 728-2700

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Authorized Applicant

**Owner’s/Authorized Applicant’s Acknowledgements**

Owners/Authorized Applicants are advised that there may be additional approvals (i.e. building permit etc.) and additional fees and charges associated with any development approved in conjunction with this application.

Owners/Authorized Applicants may be required to provide additional information that will assist the Town of Lakeshore in assessing the application.

The Owner/Authorized Applicant agrees to cooperate fully with the Town of Lakeshore and all of its staff in allowing and facilitating the inspection of the subject lands by Town of Lakeshore staff.

The applicant acknowledges and agrees that the Town of Lakeshore reserves the right to request additional deposits/ monies for expenses (i.e. engineering fees etc.) incurred by the Town of Lakeshore in reviewing this application.

**Declaration**

I, \_\_\_\_\_ of \_\_\_\_\_ in the County/District/Regional Municipality of \_\_\_\_\_ solemnly declare that all the statements contained in this application are true, and I 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. I also agree to allow the Town of Lakeshore its employees and agents to enter upon the subject property for the purpose of conducting inspections, surveys and tests that maybe necessary to this application.

I fully understand and agree to comply with all of the Owner's/Authorized Applicant's Acknowledgements set out above.

Declared before me at

\_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Owner/Authorized Applicant

\_\_\_\_\_  
A Commissioner, etc.

### **Authorization**

If the applicant is not the owner of the land that is subject of this application, written authorization by the owner must be attached or the owner must complete the authorization set out below.

I, \_\_\_\_\_ am the owner of the land that is subject of this application for approval and I authorize \_\_\_\_\_ (the "Authorized Applicant") to make this application on my behalf. I acknowledge and agree that I am bound by all acknowledgements, declarations, agreements and statements made on my behalf in this application by my Authorized Applicant including those made in reference to Municipal Freedom of Information and Protection of Privacy Act authorizing the use by dissemination or the disclosure to any person or public body of any personal information, and any reports/studies and supporting documentation submitted in support of this application, that are collected under the authority of the Planning Act for the purposes of processing this application.

Date: \_\_\_\_\_

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