



TOWNSHIP OF ZORRA

SITE PLAN APPROVAL APPLICATION FORM

FILE NO. _____

DATE RECEIVED: _____

ROLL NO: _____

DATE COMPLETE: _____

The undersigned hereby request the Township of Zorra to consider a Site Plan Control application pursuant to Section 41 of the Planning Act on the lands hereinafter described. **Application fee is \$423.00** payable in cash or by cheque and must accompany the application. An additional **\$2,000.00 deposit** is required at the time of filing (see Appendix "C" of the Site Plan Approval Guidelines). Oxford County Public Works Review Fee \$2,600.00 for new application; \$1,550.00 for Site Plan Amendment application due at time of filing application.

1. BACKGROUND INFORMATION

a) Applicant/Agent:

Name _____
Address _____
City: _____ Postal Code _____
Contact Person E-mail: _____
Telephone Number _____ Fax Number _____

b) Registered Owner: (if other than applicant)

Name _____
Address _____
City: _____ Postal Code _____
Contact Person E-mail: _____
Telephone Number _____ Fax Number _____

c) Location of Subject Land:

Lot Number(s) _____ Plan No. or Concession _____
Part Number(s) _____ Reference Plan _____
Lot Number(s) _____ Registered Plan _____
Street Address (or 911 Number) _____
The subject land is located on the _____ side of the street between _____
and _____.
Assessment Roll Number: _____

d) New Development _____ or Expansion of Existing Development _____
If new, is any demolition of existing buildings on the site proposed? Yes ___ No ___
Are there previous site plan or development agreements registered against these lands?
Yes ___ (File no. _____) No ___

e) Existing use of Subject property

f) Proposed uses of land and buildings

g) Official Plan Designation

Schedule “__-1” Township Land Use Plan _____

Schedule “__-2” Village of _____ Land Use Plan _____

Other Schedules and Appendices _____

h) Zoning By-law

Existing Zoning _____

Requested Zoning _____

If related to a recent or current Zone Change application, please indicate the

File No. _____ Status _____

2. SITE INFORMATION

Note: Under Parts 2(a) and 2(b) below, where the proposed dimension / feature does not meet the By-law regulation, a Minor Variance(s) or Zoning By-law Amendment will be required. A decision on the Site Plan application cannot be made without first securing approval of the required Minor Variance(s) or Zoning By-law Amendment.

a) Zoning Provisions

REGULATION

PROPOSED

Lot Frontage

Lot Depth

Lot Area

Lot Coverage

Front Yard

Rear Yard

Interior Side Yard

Exterior Side Yard (corner lot)

Landscaped Open Space (%)

No. of Parking Spaces

No. of Loading Spaces	_____	_____
Width of Planting Strip	_____	_____
Driveway Width	_____	_____
Handicap Spaces	_____	_____
Other (Specify)	_____	_____
Minimum Distance Separation (MDS) if applicable.		
To Barn	_____	_____
To Manure Storage Facility	_____	_____

Off-Street Parking and Loading Facilities

Total number of off-street parking spaces existing:	_____
Number of off-street parking spaces proposed (include existing & proposed):	_____
Number of off-street loading facilities existing:	_____
Number of off-street loading facilities proposed (include existing & proposed):	_____

2 b) Proposed Building Size:

Ground Floor Area of Existing Buildings(s)	_____
Ground Floor Area of Proposed Development	_____
Total Ground Floor Area (including existing & proposed)	_____
Number of Storeys proposed	_____
Building Height Proposed	_____
Total Gross Floor Area Proposed (including existing and proposed)	_____

3. COMPLETE AS APPLICABLE

Note: If the application includes a combination of residential, commercial, industrial, institutional or open space development on the same site, the applicable sections must be completed.

a) Multiple Family Residential

Landscaped Area _____ m ² (or ft ²)	
Conversion or Addition to Existing Residential Buildings	Yes _____ No _____
Amenity and/or Children's Play Area	Yes _____ No _____

UNIT BREAKDOWN

<i>Type</i>	<i>Number of Units</i>	<i>Floor area of Unit Type (m² or ft²)</i>
Bachelor	_____	_____
One-Bedroom	_____	_____
Two-Bedroom	_____	_____
Three-Bedroom	_____	_____

Other Facilities provided (e.g. play facilities, underground parking, games rooms, swimming pool, etc.)

b) Commercial / Industrial Uses

Describe Type of Business Proposed _____

No. of Buildings Proposed _____

Conversion or Addition to Existing Building ___ Yes ___ No

If yes, describe _____

Gross Floor Area (breakdown by type of use - office area, retail, storage etc.) _____

Seating Capacity (if applicable) _____

Number of employees - Initially _____ In future (5 yrs) _____

Open Storage Required Yes ___ No _____

If yes, describe type, location, area m² (ft²) and buffering provided (if any) _____

Phasing of development/construction if any _____

If residential use proposed as part of, or accessory to commercial/industrial use, please complete Sec. 3 a).

c) Institutional, Open Space or Other Uses

Proposed Use _____

No. of Beds (if applicable) _____

Gross Floor Area by Type of Use (office, common rooms, storage, etc.) _____

Landscaped Area _____ m² (ft²)

4. AUTHORIZATION

NOTE: The property owner or the authorized agent must complete the application. Where an agent is making the application, the written authorization of the owner must be completed below. If the application is being made under an agreement of purchase and sale, a copy of the agreement must be attached and will remain confidential.

Authorization of Owner(s) for Applicant/Agent to Make the Application

I/We, _____, am/are the owner(s) of the land that is the subject of this application for site plan and I/we authorize _____, to make this application on my/our behalf.

Dated Signature of Owner(s)

5. DECLARATION:

I/We, _____ of the _____ of
(Name) (Township/City)
_____ in the _____ of _____
(Name of municipality) (County) (Name of County)

DO SOLEMNLY DECLARE THAT:

All of 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.

Signature of Owner/Applicant

DECLARED before me at the _____ of _____
(Township/City) (Name of municipality)
in the _____ of _____
(County) (Name of County)

this ____ day of _____ 20__.

A Commissioner for Taking Affidavits, etc.

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 3G1 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.