TOWNSHIP OF EAST ZORRA-TAVISTOCK SITE PLAN APPLICATION FORM

FILE NO.
Rec'd:
DATE APPLICATION CONSIDERED
COMPLETE:

The undersigned hereby request the Township of East Zorra-Tavistock to consider a Site Plan Control application pursuant to Section 41 of the Planning Act on the lands hereinafter described.

1.

	BACKGROUND I	NFORMATION		
a)	Applicant/Agent:	:		
	Name _			
	Address _			
	City:		Postal Code	
	Contact Person	E-mail:		
	Telephone Num	ber	Fax Number	
b)	Registered Own	er: (if other than a		
	Address			
	_		Postal Coda	
	City: _		Postal Code	
	Contact Person	E-mail:		
	Telephone Num	ber	Fax Number	
c)	Location of Subj	ect 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	d is located on the _	side of the street between	
	and			
	Assessment Rol	ll Number:		

a)

d)	New Development or Exp	pansion of Existing Dev	elopment		
	If new, is any demolition of existing bu	uildings on the site prop	osed? Yes No		
	Are there previous site plan or develo	pment agreements regi	stered against these lands?		
	Yes (File no)	No			
e)	Existing use of Subject property				
			_		
f)	Proposed uses of land and buildings				
			_		
g)	Official Plan Designation				
3)	Schedule "1" Township Land Us	se Plan			
	Schedule "2" Village of	·			
	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				
		ana dha muan sasad dh	olon /footume de ce se l'es d		
Note:	Under Parts 2(a) and 2(b) below, when the By-law regulation, a Minor Va- required. A decision on the Site Plan approval of the required Minor Varian	riance(s) or Zoning E application cannot be	By-law Amendment will be made without first securing		
a)	Zoning Provisions	REGULATION	<u>PROPOSED</u>		
	Lot Frontage	by Zoning By-law 2003-18			
	Lot Depth				
	Lot Area				

	Lot Coverage		1	
	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	j: <u> </u>		
	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

complete Sec. 3 a).

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.

Landscaped Area		m² (or ft²)
Conversion or Addition	on to Existing Residential Buildings	Yes No
Amenity and/or Child	Iren's Play Area	Yes No
UNIT BREAKDOWN	!	
Туре	Number of Units	Floor area of Unit Type (m² or ft²)
Bachelor		
One-Bedroom		
Two-Bedroom	-	
Three-Bedroom		
Other Facilities pro swimming pool, etc.)	vided (e.g. play facilities, under	ground parking, games rooms,
Commercial / Indus	strial Uses	
Commercial / Indus Describe Type of Bu No. of Buildings Prop Conversion or Addition		No
Commercial / Indus Describe Type of Bu No. of Buildings Prop Conversion or Addition If yes, describe	strial Uses siness Proposed posed on to Existing BuildingYes	No
Commercial / Indus Describe Type of Bu No. of Buildings Prop Conversion or Addition If yes, describe Gross Floor Area (br	strial Uses siness Proposed posed on to Existing BuildingYes	No a, retail, storage etc.)
Commercial / Indus Describe Type of Bu No. of Buildings Prop Conversion or Addition If yes, describe Gross Floor Area (br Seating Capacity (if a	strial Uses siness Proposed cosed on to Existing Building eakdown by type of use - office are	No a, retail, storage etc.)
Commercial / Indus Describe Type of Bu No. of Buildings Prop Conversion or Addition If yes, describe Gross Floor Area (br Seating Capacity (if a	strial Uses siness Proposed cosed on to Existing Building eakdown by type of use - office are	No a, retail, storage etc.)
Commercial / Indus Describe Type of Bu No. of Buildings Prop Conversion or Addition If yes, describe Gross Floor Area (br Seating Capacity (if a Number of employee Open Storage Requi	strial Uses siness Proposed cosed on to Existing Building Peakdown by type of use - office are applicable)	No a, retail, storage etc.) In future (5 yrs)

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				
agent below.	The property owner or the authorized agent must complete the application. Where an is making the application, the written authorization of the owner must be completed if the application is being made under an agreement of purchase and sale, a copy of the nent must be attached and will remain confidential.				
Autho	rization 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,				
	e this application on my/our behalf.				
	Signature of Owner(s)				
DATED					

5. **DECLARATION:** (Name of municipality) 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 in the ______ of _____ (County) (Name of County) this _____ day of _____ 20 __.

A Commissioner for Taking Affidavits, etc.