



OFFICIAL PLAN AMENDMENT GUIDE & APPLICATION

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The Official Plan is a document which describes the Township's general land use planning policies and ensures that growth is coordinated and meets the needs of the community. If an applicant wishes to use or develop their property in a way which conflicts with the Official Plan, they can apply for an exemption through submission of an Official Plan Amendment (OPA) Application.

SUBMISSION REQUIREMENTS

The following supplementary and supporting documents and materials may be required to be submitted with an OPA application as determined at the pre-consultation stage:

- Survey (11" X 17") identifying the subject lands, easements, setbacks of existing and proposed structures, and location of well and sewage disposal system (in **metric** units)
- Land Use Planning Report
- Market Impact Study
- Agricultural Impact Assessment (AIA)
- Environmental Impact Study (EIS)
- Contamination Management Plan
- Contaminant Management Plan
- Hydrogeological Assessment
- Stormwater Management Report
- Servicing Study
- Traffic Impact Assessment
- Financial Impact Study
- Archaeological Assessment
- Cultural Heritage Impact Statement
- Tree Preservation Plan/Study
- Environmental Site Assessment (Phase I and II)
- Land Use Compatibility Assessment
- Noise Impact and Vibration Study

Note: Eight copies of each required supporting document should be submitted with the application. **Additional information and material** may be required in response to a particular development proposal, or raised through the review process

Studies listed above shall be carried out by qualified professional consultants retained by and at the expense of the applicant, and must be carried out within 2 years from the date of submission (studies older than 2 years may not be considered acceptable for submission). The Township may also require peer reviews of the studies by an appropriate public agency or by a professional consultant retained by the Township at the applicant's expense.

OFFICIAL PLAN AMENDMENT PROCESS

1. Pre-Consultation

- Applicant submits preliminary project proposal at pre-consultation meeting with Staff and external agency representatives as required
- Supporting documents and studies for application determined
- Region of Durham Staff present to determine if a Regional Official Plan Amendment will be required

2. Application Submission

- 'Complete' application submitted with all supporting documents and fees

3. Application Circulation & Review

- Application is circulated to Staff and external agency representatives to solicit formal written comments
- Region of Durham determines if amendment is exempt or non-exempt from Regional approval

4. Notice of Statutory Public Meeting

- Personal notice is circulated to all property owners within 120m of subject lands and depending on the nature of the application, notice may be published in the local newspaper and posted on the Township website
- A development sign is installed on the subject property by the Applicant

5. Preliminary Report Prepared (Informational)

- Preliminary report prepared for public meeting once all agency comments have been received

6. Statutory Public Meeting

- Is scheduled once per month during a regular meeting of Council (evening)
- Public provided opportunity to comment on proposal (verbal or written)
- No decision made at this time

7. Final Report Prepared (Recommending Decision)

- Final report prepared taking into consideration all comments received
- Draft Official Plan Amendment prepared for council's consideration should Staff recommend approval of application

8. Council Meeting

- Council reviews final report and considers recommended decision

9. Council

• Adopts

○ Non-Exempt From Regional Approval

▪ Regional Council Gives Final Approval/Refusal

▪ Appeal

- Decision can be appealed to Local Planning Appeal Tribunal (LPAT) during a 20 day appeal period after date of decision

▪ No Decision Within 120 Days

- If approval authority fails to give notice of decision within 120 days of application submission, appeal to LPAT can be filed

- **Exempt From Regional Approval**
 - **Township Council Gives Final Approval/Refusal**
 - **Appeal**
 - Decision can be appealed to Local Planning Appeal Tribunal (LPAT) during a 20 day appeal period after date of decision
 - **No Decision Within 120 Days**
 - If approval authority fails to give notice of decision within 120 days of application submission, appeal to LPAT can be filed
 - **Appeal**
 - Decision can be appealed to Local Planning Appeal Tribunal (LPAT) during a 20 day appeal period after date of decision
 - **No Decision Within 120 Days**
 - If approval authority fails to give notice of decision within 120 days of application submission, appeal to LPAT can be filed
- **Does Not Adopt**
 - **Appeal**
 - Applicant requests Regional Planning Commissioner to refer matter to LPAT
 - **LPAT Hearing**



OFFICIAL PLAN AMENDMENT APPLICATION

OFFICE USE ONLY

DATE RECEIVED
DATE DEEMED COMPLETE
FILE NO.
ROLL NO.
RECEIPT NO.

OTHER SUBMISSIONS:

REGIONAL OFFICIAL PLAN	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	FILE NO.
REZONING	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	FILE NO.
SITE PLAN APPROVAL	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	FILE NO.
MINOR VARIANCE	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	FILE NO.
LAND DIVISION	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	FILE NO.

Pursuant to the provisions of the Planning Act, R.S.O. 1990, I/We hereby submit an application for an amendment, hereinafter set out, to the Official Plan of the Township of Scugog as otherwise amended, of the Corporation of the Township of Scugog, in respect of the lands hereinafter described.

1. FEE SCHEDULE

The following application fee must be submitted with the application:

\$9,760.00 Application fee payable to the Township of Scugog

In addition to the fee mentioned above the following fees may also be required:

- \$287.00 payable to the Region of Durham Health Department (Applies to only those properties with private services)
- \$3,500.00 payable to the Regional of Durham Planning Department for review of an exempt amendment
- \$5,000.00 payable to the Regional of Durham Planning Department for review of a non-exempt amendment

Check with Municipal Staff to determine which one of the following will apply:

- \$2,040 payable to the Central Lake Ontario Conservation Authority (CLOCA) Additional fees will apply if a technical review is required. Contact CLOCA or visit their web site at: www.cloca.com for the current fee schedule.
- \$550 payable to the Kawartha Region Conservation Authority (KRCA) Additional fees will apply if a technical review is required. Contact KRCA or visit their web site at: www.kawarthaconservation.com for the current fee schedule.
- \$2,152 (Minor) or \$12,651 (Major) payable to the Lake Simcoe Region Conservation Authority (LSRCA). Additional fees will apply if a technical review is required. Contact LSRCA or visit their web site at: www.lsrca.on.ca for the current fee schedule.

2. **SUMMARY OF PROPOSAL:** _____

3. **CONTACT INFORMATION**
APPLICANT (PRIMARY CORRESPONDANT): _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

AUTHORIZED AGENT: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

REGISTERED OWNER(S): _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

ALL COMMUNICATIONS TO BE FORWARDED TO: (Check one only)

APPLICANT AGENT OWNER

4. **DETAILS OF SUBJECT PROPERTY**

LOCATION/DESCRIPTION OF SUBJECT PROPERTY:

MUNICIPAL ADDRESS: _____

LEGAL DESCRIPTION: _____

ASSESSMENT ROLL #: _____

DIMENSIONS OF ENTIRE PROPERTY

LOT AREA: _____ AVERAGE FRONTAGE: _____

AVERAGE DEPTH: _____

DIMENSIONS OF LANDS SUBJECT TO THIS APPLICATION

SAME AS ABOVE YES NO (*Specify Below*)

LOT AREA: _____ AVERAGE FRONTAGE: _____

AVERAGE DEPTH: _____

SERVICES (Check one in each category)

Water Supply:	Municipal	Existing	<input type="checkbox"/>	Proposed	<input type="checkbox"/>
	Private Well	Existing	<input type="checkbox"/>	Proposed	<input type="checkbox"/>
Sewage Disposal:	Municipal	Existing	<input type="checkbox"/>	Proposed	<input type="checkbox"/>
	Private	Existing	<input type="checkbox"/>	Proposed	<input type="checkbox"/>
Storm Drainage:	Open Ditch	Existing	<input type="checkbox"/>	Proposed	<input type="checkbox"/>
	Curb/Gutter	Existing	<input type="checkbox"/>	Proposed	<input type="checkbox"/>
	Other (specify)	_____			
Road Access:	Municipal	<input type="checkbox"/>	Street Name:	_____	
	Regional	<input type="checkbox"/>	Street Name:	_____	
	Provincial	<input type="checkbox"/>	Street Name:	_____	
	Private	<input type="checkbox"/>	Street Name:	_____	

5. EXISTING AND PROPOSED USE OF SUBJECT LANDS

EXISTING LAND USE DESIGNATION

SCUGOG OFFICIAL PLAN: _____

REGIONAL OFFICIAL PLAN: _____

PROPOSED LAND USE DESIGNATION

SCUGOG OFFICIAL PLAN: _____

REGIONAL OFFICIAL PLAN: _____

REGIONAL OPA FILE # (if applicable): _____

PURPOSE: _____

ZONING BY-LAW 14-14 CATEGORY

CURRENT: _____

PROPOSED (If applicable): _____

EXISTING BUILDINGS

NUMBER OF BUILDINGS: _____

TYPE/USE OF BUILDINGS: _____

PROPOSED BUILDINGS

NUMBER OF BUILDINGS: _____

TYPE/USE OF BUILDINGS: _____

6. CONCURRENT OR SUBSEQUENT APPLICATION SUBMISSIONS FOR THE SUBJECT LAND (OR LANDS WITHIN 120 METRES):

REGIONAL OFFICIAL PLAN NO YES FILE NO. _____

SCUGOG OFFICIAL PLAN NO YES FILE NO. _____

SITE PLAN APPROVAL NO YES FILE NO. _____

CONSENT NO YES FILE NO. _____

PLAN OF SUBDIVISION NO YES FILE NO. _____

PLAN OF CONDOMINIUM NO YES FILE NO. _____

MINOR VARIANCE NO YES FILE NO. _____

REZONING NO YES FILE NO. _____

7. DETAILS OF ADJACENT PROPERTIES

ADJACENT LAND USE

NORTH: _____

SOUTH: _____

EAST: _____

WEST: _____

8. DETAILS OF PROPOSED AMENDMENT

APPLICATION TO AMEND AN OFFICIAL PLAN SCHEDULE

Does the proposed amendment change or replace a designation of the subject land?

NO YES

If YES, please describe the change or replacement and identify the designation being requested: _____

Does the amendment seek all of the uses in the requested designation?

NO YES

If YES, please describe any or all of the **selected** uses: _____

Please attach two copies of any schedules to the Scugog Official Plan that are proposed to be changed showing (in red ink) the intended changes.

APPLICATION TO AMEND OFFICIAL PLAN TEXT

Does the amendment propose to add a new policy to the Official Plan?

NO YES

Please identify the text of the proposed policy and the purpose of the proposed policy:

Does the amendment propose to change, replace or delete a policy in the Official Plan?

NO YES

Please identify the policy proposed to be changed, replaced or deleted, any proposed new text, and the purpose of the proposed new text: _____

REASONS FOR REQUESTING AMENDMENT:

IF RESIDENTIAL DEVELOPMENT IS PROPOSED, SPECIFY:

NUMBER OF SINGLE DETACHED DWELLINGS: _____

NUMBER OF SEMI-DETACHED UNITS: _____

NUMBER OF MULTIPLE FAMILY UNITS: _____

OVERALL GROSS DENSITY: _____

OPEN SPACE (HA): _____ OTHER USES: _____

IF COMMERCIAL DEVELOPMENT IS PROPOSED, SPECIFY:

GROSS FLOOR SPACE: _____ m²

GROSS LEASABLE FLOOR SPACE: _____ m²

TYPES OF USES PROPOSED: _____

IF INDUSTRIAL DEVELOPMENT IS PROPOSED, SPECIFY:

USABLE FLOOR SPACE: _____ m²

TYPES OF USES PROPOSED: _____

9. CONSISTENCY WITH PROVINCIAL POLICIES AND PLANS

Is the proposed amendment consistent with the provincial policy statements issued under subsection 3(1) of the *Planning Act*?

NO YES

Are the subject lands within an area of land designated under any Provincial Plan or Plans (i.e. Oak Ridges Moraine Plan, the Greenbelt Plan or the Growth Plan)?

NO YES

If YES, does the proposed amendment conform to the Provincial Plan or Plans?

NO YES

10. AUTHORIZATION OF PROPERTY OWNER FOR AGENT TO MAKE THE APPLICATION:

If the Applicant/Agent is NOT the Owner(s) of the property that is the subject of this application, the written authorization of the Owner(s) that the Applicant/Agent is authorized to make the application, must be included with this application, or the Authorization set out below must be completed.

I/We _____ am/are the Owner(s) of the property that is the subject of this Official Plan Amendment Application and I/we authorize _____ to make this application on my/our behalf.

Signature

Date

Signature

Date

11. AUTHORIZATION OF OWNER FOR DISCLOSURE OF PERSONAL INFORMATION

I/We _____ am/are the Owner(s) of the property that is the subject of this Official Plan Amendment Application and I/we, for the purposes of the Freedom of Information and Protection of Privacy Act, consent to the disclosure of any personal information provided in the processing of this application, under the Planning Act, to any person or public body.

Signature

Date

Signature

Date

12. AFFIDAVIT TO BE SIGNED IN THE PRESENCE OF A COMMISSIONER

I/We _____ of the _____ of _____
_____ in the _____ of _____, do solemnly declare that:

I/We enclose herewith the non-refundable fees for this application and agree to pay any further costs which may be determined by the Council of the Township of Scugog (i.e. legal, planning engineering, etc.). In addition, depending on the nature of the application, a Financial Agreement with the municipality may be required to cover the cost of consulting services rendered to the Township in conjunction with the processing of this application. I/We also agree to reimburse the Township of Scugog for any costs which may be incurred before the Ontario Land Tribunal and/or awarded by that Board arising as a result of this application; and

All above statements contained within and any information submitted with 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

_____ of _____

in the _____ of _____

this _____ day of _____, 20__.

Signature of Applicant or Agent

Signature of Applicant or Agent

A Commissioner, etc.

MINIMUM DISTANCE SEPARATION (MDS) DATA SHEET (Check if N/A)

To be completed when applying for a new non-farm use within 500 metres (1640 feet) of an existing livestock facility.
 Complete one sheet for each different set of buildings used for housing livestock.

Closest distance from livestock facility to the property boundary of the proposed change in land use: _____ metres.

Closest distance from manure storage to the property boundary of the proposed change in land use: _____ metres.

Tillable hectares where livestock facility located: _____ hectares.

Type of Livestock		Manure System (Place an "x" in one box only)					
		Maximum Housing Capacity #	Covered Tank	Open Solid Storage	Open	Default Font Face	Earthen Manure Storage
Dairy	<input type="checkbox"/> Milking Cows <input type="checkbox"/> Heifers						
Beef	<input type="checkbox"/> Cows (Barn confinement) <input type="checkbox"/> Cows (Barn with yard) <input type="checkbox"/> Feeders (Barn confinement) <input type="checkbox"/> Feeders (Barn with yard)						
Swine	<input type="checkbox"/> Sows <input type="checkbox"/> Weaners <input type="checkbox"/> Feeder Hogs						
Poultry	<input type="checkbox"/> Chicken Broiler/Roasters <input type="checkbox"/> Caged Layers <input type="checkbox"/> Chicken Breeder Layers <input type="checkbox"/> Pullets <input type="checkbox"/> Meat Turkeys (>10kg) <input type="checkbox"/> Meat Turkeys (5-10kg) <input type="checkbox"/> Meat Turkeys (<5kg) <input type="checkbox"/> Turkey Breeder Layers						
Horses	<input type="checkbox"/> Horses						
Sheep	<input type="checkbox"/> Adult Sheep <input type="checkbox"/> Feeder Lambs						
Mink	<input type="checkbox"/> Adults						
Veal	<input type="checkbox"/> White Veal Calves						
Goats	<input type="checkbox"/> Adult Goats <input type="checkbox"/> Feeder Goats						
Other	<input type="checkbox"/> (_____)						

Owner of Livestock Facility: _____ Telephone: (_____) _____

The above information was prepared by: _____

Name (Please Print)

Signature

Date