



## TOWN OF TILLSONBURG

### ZONE CHANGE APPLICATION GUIDE

Please read carefully before completing the attached application form.

1. The attached application form is to be used only when applying to the Town of Tillsonburg for a change to the Town Zoning By-Law. The applicant is advised to approach the Town Office and/or the County of Oxford Community Planning Office for Official Plan, Zoning and Policy information before making a formal application.

#### Completing the Application Form

2. The attached application form should be submitted to either the:

- a) Development Technician  
Town of Tillsonburg  
10 Lisgar Avenue  
Tillsonburg ON N4G 5A5  
Phone: 842-9200
- b) County of Oxford  
Community Planning Office  
P. O. Box 1614  
21 Reeve Street  
Woodstock ON N4S 7Y3  
Phone: 539-9800

3. The application consisting of one original must be accompanied by a fee of \$700.00 in cash or cheque payable to the “**Treasurer, Town of Tillsonburg**”. A fee of \$1,200 will be charged if an application is required after the fact.

4. The application must be completed by the property owner(s) or his/her authorized agent. Where the application is being made by an agent, the written authorization of the owner(s) must accompany the application or if the application is being made under an agreement of purchase and sale, a signed copy of the agreement must be attached as authorization and will remain confidential.

5. The application must include a site plan showing the following information:
  - a) the boundaries and dimensions of the subject lands;
  - b) any proposed or existing building(s) and/or structure(s) on the subject lands and its location (including distance to lot lines), size and type;
  - c) the land uses on all adjacent lands of the subject lands;

- d) approximate location of all natural and artificial features on subject and adjacent lands and shall include buildings, railways, roads, watercourse(s), municipal drains, existing and proposed septic facilities, water supply, wetlands and wooded areas;
- e) the location, width and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public travelled road, a private road or a right-of-way;
- f) the location and nature of any easement affecting the subject land;
- g) location of all landscaped areas, fencing, buffer strips and sidewalks.

6. All site plans must be drawn to scale at a maximum size of 11" x 17". Larger plans will be accepted with the inclusion of an original reduction of the plans at a maximum size of 11" x 17". **Large plans must be folded.**

#### Processing the Application

1. After accepting the completed application, the County of Oxford Community Planning Office circulates the application to municipal officials, provincial authorities and other agencies for comment. The public in the vicinity of the application are given 20 days notice of a public meeting held by Tillsonburg Council to consider the requested zone change. The applicant is required to attend the public meeting and present the application.
2. All applications for multiple residential, industrial, commercial and institutional development may require subsequent site plan approvals by the Town. Application forms are available at the County of Oxford Community Planning Office and the Town of Tillsonburg Municipal Offices.
3. Section 34(19) of the Planning Act, 1990 provides for an appeal by any person or public body to the Ontario Municipal Board of the decision of the Council within 20 days of the giving of written notice of the passing of the By-Law.
4. Section 34(11) of the Planning Act, 1990, allows the applicant to appeal to the Ontario Municipal Board if Council refuses the application or neglects to make a decision within 90 days of receipt of the completed application.



FILE NO: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

## TOWN OF TILLSONBURG APPLICATION FOR ZONE CHANGE

**1. Registered Owner(s):**

Name: \_\_\_\_\_ Phone: Residence: \_\_\_\_\_  
Address: \_\_\_\_\_ Business: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Applicant** (if other than registered owner):

Name: \_\_\_\_\_ Phone: Residence: \_\_\_\_\_  
Address: \_\_\_\_\_ Business: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Solicitor or Agent** (if any):

Name: \_\_\_\_\_ Phone: Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

All communications will be sent to those listed above. **If you do not wish correspondence** to be sent to the

Owner,  Applicant, or  Solicitor/Agent, please specify by checking the appropriate box.

Name and address of any holders of any mortgage, charges or other encumbrances (if known):  
\_\_\_\_\_

**2. Subject Land(s):**

**a) Location:**

Municipality \_\_\_\_\_ former municipality \_\_\_\_\_  
Concession No. \_\_\_\_\_ Lot(s) \_\_\_\_\_  
Registered Plan No. \_\_\_\_\_ Lot(s) \_\_\_\_\_  
Reference Plan No. \_\_\_\_\_ Part(s) \_\_\_\_\_  
The proposed lot is located on the \_\_\_\_\_ side of \_\_\_\_\_ Street, lying between  
\_\_\_\_\_ Street and \_\_\_\_\_ Street.  
Street and/or **Civic Address (911#)**: \_\_\_\_\_

**b) Official Plan Designation:** Existing: \_\_\_\_\_  
Proposed: \_\_\_\_\_

If the proposed designation is different than the existing designation, has an application for Official Plan Amendment been filed with the County of Oxford?  No  Yes

c) **Zoning:** Present: \_\_\_\_\_  
 Proposed: \_\_\_\_\_

d) **Uses:** Present: \_\_\_\_\_  
 Proposed: (Include description) \_\_\_\_\_

**3. Buildings/Structures:**

For all buildings/structures, either **existing or proposed** on the subject lands, please supply the following information:

<b>Existing/Proposed</b>	<input type="checkbox"/> None Existing Building 1	<input type="checkbox"/> None Proposed Building 2
Use:	_____	_____
Date Constructed (if known):	_____	_____
Floor Area:	_____	_____
Setbacks:		
Front lot line	_____	_____
Side lot lines	_____	_____
Rear lot line	_____	_____

Please complete for residential, commercial/industrial or institutional uses.

	RESIDENTIAL	COMMERCIAL/ INDUSTRIAL	INSTITUTIONAL
<b>TYPE</b> Apt., semi, townhouse, retail, restaurant, church, etc.			
<b># OF UNITS</b>			N/A
<b>CONVERSION/ADDITION TO EXISTING BUILDING</b> Describe			
<b>TOTAL # OF UNITS/BEDS</b>	N/A	N/A	
<b>FLOOR AREA</b> by dwelling unit or by type (office, retail common rooms, etc.)			
<b>OTHER FACILITIES</b> (playground, underground parking, pool, etc.)			
<b># OF LOTS</b> (for subdivision)			N/A
<b>SEATING CAPACITY</b> (for restaurant, assembly hall, etc.)	N/A		
<b># OF STAFF</b>	N/A		
<b>OPEN STORAGE REQUIRED?</b>	N/A		N/A
<b>ACCESSORY RESIDENTIAL USE?</b>	N/A	If accessory residential use, complete residential section	If accessory residential use, complete residential section

**4. Site Information (proposed use(s):**

Lot Frontage	_____	Exterior Side Yard (corner lot)	_____
Lot Depth	_____	Landscaped Open Space (%)	_____
Lot Area	_____	No. of Parking Spaces	_____
Lot Coverage	_____	No. of Loading Spaces	_____
Front Yard	_____	Building Height	_____
Rear Yard	_____	Width of Planting Strip	_____
Interior Side Yard	_____	Driveway Width	_____

**5. Services:** (check appropriate box)

		Existing	Proposed
<b>Water supply</b>	Publicly owned and operated piped water system	<input type="checkbox"/>	<input type="checkbox"/>
	Privately owned and operated individual well	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sewage Disposal</b>	Publicly owned and operated sanitary sewer system	<input type="checkbox"/>	<input type="checkbox"/>
	Privately owned and operated individual septic tank	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Storm Drainage</b>	Municipal Sewers <input type="checkbox"/>	Ditches <input type="checkbox"/>	
	Municipal Drains <input type="checkbox"/>	Swales <input type="checkbox"/>	

**6. Access:**

Provincial Highway <input type="checkbox"/>	Unopened Road Allowance <input type="checkbox"/>
County Road <input type="checkbox"/>	Right-of-Way owned by _____ <input type="checkbox"/>
Municipal Road maintained all year <input type="checkbox"/>	Other (specify) _____ <input type="checkbox"/>
Municipal Road seasonally maintained <input type="checkbox"/>	

**7. General Information:**

- a) Is the Subject Land the subject of regulations for flooding or fill and construction permits of the Long Point Region Conservation Authority?  No  Yes
- If yes, has an Application been filed with the Conservation Authority?  No  Yes

b) Present land use(s) of adjacent properties:

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c) Characteristics of subject land (check appropriate space(s) and add explanation, if necessary)

(i) Does the land contain environmental features such as wetlands, woodlots, watercourses, etc.?

No  Yes If yes, describe \_\_\_\_\_

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(ii) Has any part of the land been formally used for any purpose other than agricultural purposes?

No  Yes

If yes, describe former use:

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**8. Historical Information:**

a) Is the subject land the subject of a current Application for Consent to the Oxford County Land Division Committee or a current application for draft plan of subdivision to the County of Oxford?

No  Yes → Application No. \_\_\_\_\_

b) Have the subject land(s) ever been the subject of any other application under the Planning Act, such as an application for approval of an Official Plan amendment, a zoning by-law amendment, a Minister's Zoning Order amendment, consent, a minor variance, or approval of a plan of subdivision?

No  Unknown

Yes → File No. \_\_\_\_\_ Status/Decision \_\_\_\_\_

c) If known, the date the subject land was acquired by the owner? \_\_\_\_\_

d) If known, the length of time that the existing uses of the subject land have continued? \_\_\_\_\_

**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 zone change and I/We authorize \_\_\_\_\_, to make this application on my/our behalf.

\_\_\_\_\_  
Date Signature of Owner(s) Signature of Owner(s)

**THIS SECTION TO BE COMPLETED IN THE PRESENCE OF A COMMISSIONER FOR TAKING AFFIDAVITS**

I/We \_\_\_\_\_ of the \_\_\_\_\_  
of \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_,

**DO SOLEMNLY DECLARE THAT:**

All of the prescribed information contained in this application is true and that the information contained in the documents that may accompany this application is 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.

DECLARED before me at the \_\_\_\_\_  
of \_\_\_\_\_ in the \_\_\_\_\_  
of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Owner(s)/Applicant  
\_\_\_\_\_  
Owner(s)/Applicant

\_\_\_\_\_  
A Commissioner for Taking Affidavits

**Notes:**

1. Applications will not be considered complete until all requested information has been supplied.
2. It is required that **one original** of this application (including the sketch/site plan) be filed, accompanied by the applicable fee of **\$700.00** in cash or cheque, payable to the **Treasurer, Town of Tillsonburg**. A fee of \$1,200 will be charged if an application is required 'after the fact' (after the use has occupied the site).

**Municipal Freedom of Information and Protection of Privacy Act – Notice of Collection & Disclosure**

The collection of personal information on this form is legally authorized under Sec.34 of the *Planning Act* and O.Reg.545/06 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 7Y3 or at 519-539-9800 (ext.3207).

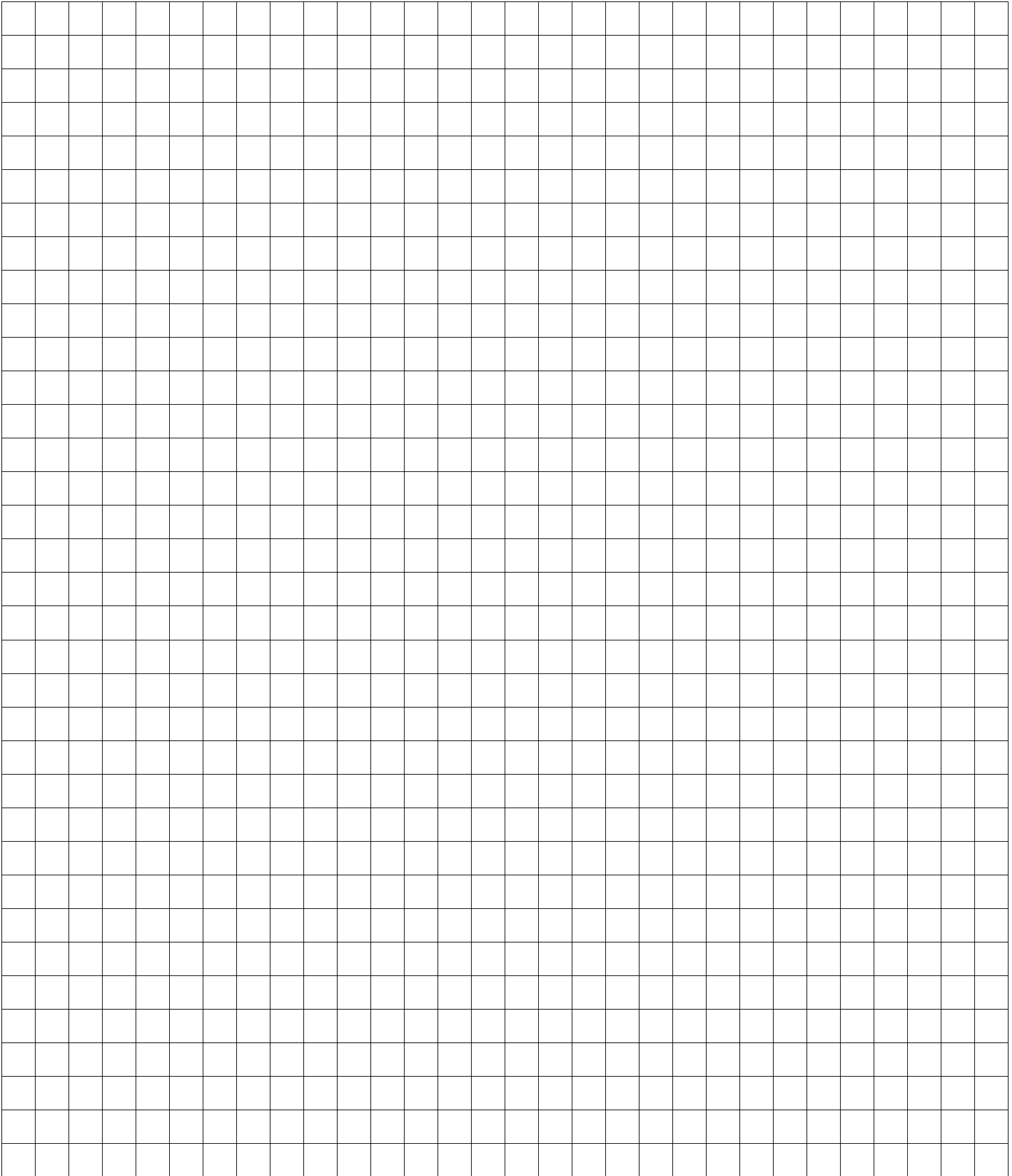
Pursuant to Sec.1.0.1 of the *Planning Act*, and in accordance with Sec.32(e) of the *Municipal Freedom of Information and Protection of Privacy Act*, it is the policy of the County of Oxford to make all planning applications and supporting material available to the public.

# SKETCH/SITE PLAN

USE THIS PAGE FOR SKETCH (OR SURVEY PLAN IF AVAILABLE) AND ATTACH TO APPLICATION FORM.

WITHOUT SKETCH OR SURVEY PLAN, THE APPLICATION WILL NOT BE PROCESSED.

SKETCH OR SURVEY PLAN MUST CONTAIN THE INFORMATION SET OUT IN ITEM 5 OF THE ZONE CHANGE APPLICATION GUIDE.



SCALE: \_\_\_\_\_