

# Municipality of Trent Hills

Front Street, P. O. Box 1030, Campbellford, On K0L 1L0  
PHONE: (705) 653-1900 FAX: (705) 653-5904



REZONING APPLICATION FILE: \_\_\_\_\_

PROPERTY ROLL NUMBER: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

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

## **APPLICATION FOR AMENDMENT TO THE AREA ZONING BY-LAW**

### **APPLICATION FEE \$900.00**

The owner is required to attach the following drawings to the application and which will form part of the application.

Survey plan or a sketch based on (or similar to) an Ontario Land Surveyor's description of all lands in the owner's possession in the vicinity of the subject application with the lands covered by this application outlined and hatched and showing the location, size, and use of all buildings and structures on the owner's land and on all adjacent properties.

Large scale detailed plan of the proposed development showing the location and type of buildings, number of dwellings units, location of driveways, parking or loading spaces, landscaped areas, planting strips and other land uses.

I, hereby submit this Application for Amendment to the Zoning By-Law in respect of the lands hereafter described:

### **DECLARATION**

I, \_\_\_\_\_ of the \_\_\_\_\_ in the County of

\_\_\_\_\_ do solemnly declare:

1. That I am the owner or authorized agent of the owners of the lands herein described.
2. That to the best of my knowledge and belief, all the information and statements given in this application and in all of the exhibits transmitted herewith 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."
3. I further agree to pay the Municipality of Trent Hills any costs incurred in respect of this application in excess of the initial \$900.00 Rezoning Application fee.

DECLARED BEFORE ME AT \_\_\_\_\_ IN THE COUNTY OF

\_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
COMMISSIONER

\_\_\_\_\_  
REGISTERED OWNER  
or AUTHORIZED AGENT  
(With letter of authorization)

\_\_\_\_\_  
\_\_\_\_\_  
ADDRESS



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8. LAND USES/FEATURES  
 ARE ANY OF THE FOLLOWING USES OR FEATURES ON THE SUBJECT LAND OR  
 WITHIN 500 METERS OF THE SUBJECT LAND: (CHECK APPROPRIATE SPACE)

USE OF FEATURE	ON THE SUBJECT LAND	SPECIFY DISTANCE FROM PARCEL)	WITHIN 500 METRES OF THE SUBJECT LAND (NEIGHBOURING LANDS)
AN AGRICULTURAL OPERATION (INCLUDING ABATTOIR),			
LIVESTOCK FACILITY OR STOCKYARD (ANIMAL TYPE AND #)			
A COMMERCIAL OR INDUSTRIAL USE			
A WATERCOURSE (IE. CREEK, STREAM, RIVER)			
A WETLAND (IE. MARSH, SWAMP, LOW, SEASONALLY WET AREAS, OR WOODED WET AREAS)			
A STEEP SLOPE			
AN ACTIVE OR ABANDONED RAIL LINE			
AN ACTIVE OR ABANDONED MINE SITE (SPECIFY)			
A LANDFILL (ACTIVE OR NON-OPERATION)			
PROVINCIAL PARK OR CROWN LANDS			
AN ACTIVE OR ABANDONED MINE SITE (SPECIFY)			
A REHABILITATED MINE SITE			
A NOXIOUS INDUSTRIAL SITE			
A NATURAL GAS OR PETROLEUM PIPELINE			
A SEWAGE TREATMENT PLAN OR WASTE STABILIZATION			

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9. FACILITIES EXISTING: ON SUBJECT LAND AND FACILITIES AND/ OR PROPOSED FOR SUBJECT LAND  
**(STATE IF EXISTING OR PROPOSED.)**

WATER:

MUNICIPALLY OPERATED PIPED WATER SUPPLY: \_\_\_\_\_  
Existing/ proposed

DRILLED WELL ON SUBJECT LAND \_\_\_\_\_  
Existing/ proposed

DUG WELL ON SUBJECT LAND: \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_  
Existing/proposed

SEWAGE DISPOSAL: – STATE WHETHER EXISTING OR PROPOSES)

MUNICIPALLY OPERATED SANITARY SEWERS \_\_\_\_\_  
Existing/proposed

INDIVIDUAL SEPTIC TANK \_\_\_\_\_ OTHER: \_\_\_\_\_

10. REASON AND JUSTIFICATION FOR REQUESTING THIS AMENDMENT

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11. ADDITIONAL INFORMATION:

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FOR OFFICE COMPLETION: EXISTING CLASSIFICATION:	OFFICIAL PLAN: _____
	ZONING BY-LAW: _____
CLASSIFICATION REQUESTED:	OFFICIAL PLAN: _____
	ZONING BY-LAW: _____

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**NOTICE**  
**PRIVATE SEWAGE DISPOSAL SYSTEM APPLICATION**  
**FOR CONSENT APPLICATION, AMENDMENTS TO THE ZONING BY-LAW &**  
**PLANS OF SUBDIVISION**  
**APPLICATION FEE \$200.00**

Your application will be assessed by Building Department staff to determine if the proposed lots can be serviced by a private sewage disposal system. Staff comments will be submitted to the Municipal approval authority regarding your severance or rezoning application. The fee and test hole must be prepared and examined prior to the public meeting date of the Planning Application.

The required size of the test area for septic inspection must be 4 feet square x 4 feet depth for examination by Municipal staff. Please call the Building Dept. when the test area is ready for inspection.

A fee of **\$200.00 is payable to the Municipality of Trent Hills** (\$50.00 per lot for a Plan of Subdivision) to cover the cost of the inspection and preparing a written report for the approving authority. The applicable fees must be paid before the inspection. This fee is nonrefundable but may apply as a portion of the fee charged toward Approval of Sewage Installation at the Building Permit stage of development.

**A report from the contractor preparing the site on soil type is also required. Please contact this office as soon as the test hole has been prepared and have the contractor.**

To ensure that your application is processed, please complete this form and return it with payment to:

Municipal Office, 2<sup>nd</sup> Floor Building Department,  
66 Front Street S, Box 1030, Campbellford, ON K0L 1L0.

Severance/Rezoning/Subdivision Application # \_\_\_\_\_

Property Roll # \_\_\_\_\_

Civic Address (if available) \_\_\_\_\_ Location: \_\_\_\_\_

Lot \_\_\_\_\_ Concession \_\_\_\_\_ Plan \_\_\_\_\_ Ward \_\_\_\_\_

Applicant's Names: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

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**OFFICE USE:** \_\_\_\_\_ Charge to Account # 607216

Amount of Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Rec'd By: \_\_\_\_\_

**PERMIT # :** \_\_\_\_\_