



County of Hastings Land Division Committee

APPLICATION FOR CONSENT

For Office Use Only:

Date Submitted: _____

File No.: **B** _____

1. **Contact Information**

Property Owner(s) (If more than one owner with **different** contact information please provide name and contact info in **Section 12 on page 6.**)

Name: _____

Owners Address: _____

Phone Number: (Home) _____ (Business/Cell) _____

Email: _____ Fax: _____

Authorized Agent/Solicitor (if applicable)

Name: _____

Address: _____

Phone Number: (Home) _____ (Business/Cell) _____

Email: _____ Fax: _____

Please specify the person who is to be contacted about the application.

- Owner Agent Solicitor

2. Name of person(s), if known, to whom land or interest in land is to be transferred, leased or charged: _____

3. **Purpose of the Application**

Transfer:

- New Lot Creation Lot Addition Easement Right of Way

Other Purpose:

- Charge Lease Correction of Title Validation of Title
- Other _____

4. **Assessment Roll No.** _____
(Indicate complete 15 digit number)

5. Location of Subject Lands

Municipality: _____

Former Geographic Township: _____

Concession: _____ Lot No. _____

Registered Plan No. _____ Lot/Block _____

Reference Plan No. _____ Part No. _____

Name of Street: _____ Street No. _____

Total Lot Area: _____ Total Lot Frontage: _____

Do you own any adjoining lands? If so, please explain: _____

6. Description of Proposal:

a)

	SEVERED LAND	RETAINED LAND	BENEFITING LAND (if applicable)
Frontage (m)			
Depth (m)			
Area (ac./m ²)			
Existing Use			
Proposed Use			
No. of Existing Buildings/Structures			
No. of Proposed Buildings/Structures			
Dimensions of Existing Buildings/Structures			
Dimensions of Proposed Buildings/Structures			

b) Type of Sewage Disposal:

- Private/Individual Public/Municipal Communal
 Other: _____

c) Type of Water Supply:

- Private/Individual Public/Municipal Communal
 Other: _____

d) Type of Stormwater Drainage proposed:

- Sewers Road side ditches Swales
 Other: _____

e) Type of access proposed:

- Provincial Highway Municipal Road (Maintained Year Round) Water Access
 Private (Right of Way) Municipal Road (Seasonal)
 Other: _____

f) If only water access is proposed, below (or on a separate page) please describe the parking and docking facilities to be used and the approximate distance of these facilities from the subject lands to the nearest public road access:

7. Land Uses/Features:

a) Are any of the following uses or features on the subject lands and/or within 500 metres of the subject lands: *(Please indicate if it applies with a “Yes” and an “N/A” if it does not. Any features indicated with a “Yes” please identify on your sketch.)*

USE OR FEATURE	ON THE SUBJECT LANDS	WITHIN 500 METRES
An agricultural operation (any livestock facility, occupied or vacant, including manure storage) <i>If yes, please fill in information on page 9 for each operation</i>		
A landfill (active or non-operating)		
A sewage treatment plant or waste stabilization pond		
A Municipal or Federal Airport (including an aerodrome)		
An active mine site or aggregate operation (within 1000 m) (specify mine site or aggregate operations)		
A rehabilitated or abandoned mine site or mine hazards		
Any industrial use		
Provincial Park or Crown Lands		
An active or abandoned rail line and/or trail		
A natural gas or petroleum pipeline		
A floodplain		
Significant wildlife habitat and/or significant habitat of Species at Risk (including but not limited to endangered and threatened species)		
Fish habitat		
A contaminated site		
Utility Corridor, electricity generating station, transformer (etc.)		
A Wellhead Protection Area (WHPA) or Intake Protection Zone (IPZ)		

- b) Is there a Provincially Significant Wetland (Class 1, 2 or 3) on or within 120 metres of the subject lands?
 Yes **No**
- c) Do the subject lands contain any known cultural heritage, archaeological resources and/or areas of archaeological potential?
 Yes **No** **Unknown**
- d) **If Yes to 7c),** does the application propose to develop lands within the subject lands that contain known cultural heritage, archaeological resources and/or areas of archaeological potential?
 Yes **No** **Unknown**
- ***If Yes to 7c) and/or 7d), please contact the Ministry of Citizenship and Culture, to determine the need for any additional information or reports*****

8. Former Land Use on Subject Lands and Adjacent Lands

- a) Has there been an Industrial Use, Commercial Use or an Orchard, on the subject lands or adjacent lands?
 Yes **No** **Unknown**
- b) **If yes,** specify the use(s): _____
- c) Has the grading of the subject lands been changed by adding/removing earth or other material(s)?
 Yes **No** **Unknown**
- d) Has a gas station been located on the subject lands or adjacent lands at any time?
 Yes **No** **Unknown**
- e) Has there been petroleum or other fuel stored on the subject land or adjacent lands?
 Yes **No** **Unknown**
- f) Is there any reason to believe the subject lands may have been contaminated by former uses on the site or adjacent lands?
 Yes **No** **Unknown**
- g) **If yes to any of 8 a) to f),** has an Environmental Site Assessment (ESA) been conducted under the Environmental Assessment Act or has a Record of Site Condition (RSC) been filed?
 Yes **No** **Unknown**

9. Previous Planning Applications

- a) Have the subject lands ever been the subject of an application for approval of a Minister's Zoning Order, Official Plan Amendment, Zoning By-law Amendment, Plan of Subdivision, Site Plan Control, Consent or Minor Variance under the Planning Act?
 Yes **No** **Unknown**
- b) **If yes to question 9 a),** and known, provide the application file number, the status and decision made on this application _____
- c) Is this a resubmission of an application previously made under Planning Act?
 Yes **No**

10. Land Use Classification

- a) What is the existing Official Plan designation of the subject lands? _____
- b) What is the existing zoning category on the subject lands? _____

11. Current Applications

- a) Is the owner or agent applying for additional consents on the subject lands concurrently with this application?
 Yes **No**
- b) **If yes**, and known, specify the File Number _____
- c) Are the subject lands currently the subject of an application for an **Official Plan Amendment, Zoning By-law Amendment, Plan of Subdivision, Site Plan Control or Minor Variance (including applications before the Ontario Municipal Board)**?
 Yes **No** **Unknown**
- d) **If yes**, and known, specify the File Number _____
- e) Is this application consistent with the Provincial Policy Statement?
 Yes **No**
- f) Is this application consistent with the County of Hastings' Official Plan?
 Yes **No**
- g) Are the subject lands subject to any easements/right-of-ways or restrictive covenants?
 Yes **No** **Unknown**
- h) **If yes to g)**, and known, specify the description of the easement(s)/right-of way(s) or restrictive covenant(s) and its effect _____
- i) Have you pre-consulted with the County of Hastings' Planning Department, Local Municipality or any other Agency (i.e. Conservation Authority, Ministry of Natural Resources, Ministry of Northern Development and Mines)?
 Yes **No**
- j) **If yes**, please specify which agencies you have consulted with and provide any comments that were received.



13. DECLARATION

(to be completed by the owner or authorized agent before a commissioner of oaths)

****NOTE: If more than one owner, then all owners must sign this application form and the affidavit section.**

I / We _____ of the
City / Town of _____ in the County / Region of

_____ solemnly declare that all of the statements contained in this application for consent for (property description) _____ and all of the supporting documents are true, and I, (We), make this solemn declaration conscientiously believing it to be true and complete, and knowing that it is of the same force and effect as if made under oath, by virtue of the CANADA EVIDENCE ACT. Furthermore, I (We) agree to allow the Municipality, its employees and agents to enter upon the subject land for the purpose of conducting a site inspection that may be necessary to process this application.

DECLARED before me at the

_____ of _____

in the _____ Owner/Applicant

of _____

this _____ day of _____ 2016. Owner/Applicant

Owner/Applicant

Commissioner of Oaths Owner/Applicant

(Affix Commissioner Stamp below)

14. CONSENT OF THE OWNER(S) TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION (to be completed by the owner)

I, _____, am the owner of the land that is the subject of this application for consent and for the purposes of the **Freedom of Information and Protection of Privacy Act**. I authorize and consent to the use by, or the disclosure to, any person or public body of any personal information that is collected under the authority of the Planning Act for the purposes of processing this application.

Date Signature of Owner(s)

MDS I Data Collection Form

(Complete if an existing livestock facility **vacant** or **occupied** is within 1000m)

Farm Contact Information

Farmer's Name: _____

Farm address: _____

Farm Tel: _____

General Information

Size of Barn: _____

Number of Tillable Acres: _____

(on the parcel where the Livestock Facility is located)

Distance of Livestock Facility to the new lot line and/or building envelope: _____

Distance of Manure Storage to the new lot line: _____

Livestock Information:

Type of Livestock	Maximum Housing Capacity	Manure System (Check box that applies)			
		Covered Tank	Open Liquid Tank	Earthen Manure Storage	Other** (See below)
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/Roaster <input type="checkbox"/> Caged Layers <input type="checkbox"/> Chicken Breeder Layers <input type="checkbox"/> Pullets <input type="checkbox"/> Meat Turkeys (> 10 kg) <input type="checkbox"/> Meat Turkeys (5-10 kg) <input type="checkbox"/> Meat Turkeys (< 5 kg) <input type="checkbox"/> Turkeys Breeder Layers					
SHEEP <input type="checkbox"/> Adult Sheep <input type="checkbox"/> Feeder Lambs					
GOATS <input type="checkbox"/> Adult Goats <input type="checkbox"/> Feeder Goats					
HORSES					
OTHER (SPECIFY)					

**Describe type of manure storage _____