

**TOWNSHIP OF TYENDINAGA  
APPLICATION FOR AMENDMENT TO ZONING  
BY-LAW NO. 03-16**

**SUBMIT TO:** Clerk  
Township Of Tyendinaga  
859 Melrose Road, R.R. #1  
Shannonville, Ontario K0K 3A0  
Telephone: (613) 396-1944  
FAX: (613) 396-2080

**Date:** \_\_\_\_\_ **Township Fee: \$525.00**  
**Quinte Conservation 2019 Fee: \$335.00**  
**(CONSULT QUINTE CONSERVATION for**  
**Applicable Fees)**  
(Cheque Made Payable to Quinte Conservation)

**1) Applicant Information**

a) Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

b) Applicant's Interest in Subject Land (please check one)  
Registered Owner \_\_\_\_\_ Agent for Owner \_\_\_\_\_ Other \_\_\_\_\_

**Note:** If applicant is not registered owner please complete item 1. (c)

c) Authorized Agent  
I/we, the owner(s) of the subject property hereby authorize \_\_\_\_\_ to act  
as our agent in the application for zoning amendment.

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_

Signature: \_\_\_\_\_

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

Signature \_\_\_\_\_

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**2) Location and Description of Subject Land**

Concession No. \_\_\_\_\_ Lot(s) No. \_\_\_\_\_

Registered Plan No. (if applicable) \_\_\_\_\_

Road Name \_\_\_\_\_ Lot(s) Size (area of parcel) \_\_\_\_\_

Assessment Roll No. \_\_\_\_\_

Lot(s) Frontage (frontage of parcel) \_\_\_\_\_

**3) Requested Changes**

a) Existing Official Plan Designation (Consult County of Hastings Official Plan and/or Township Clerk or County Planner)

\_\_\_\_\_  
\_\_\_\_\_

b) Existing Zoning (Consult Township Clerk and/or Township Zoning By-law)

\_\_\_\_\_  
\_\_\_\_\_

c) Requested Zoning Resulting from Proposed Amendment (Consult with Township Clerk)

\_\_\_\_\_  
\_\_\_\_\_

d) Is An Amendment To The Official Plan Required? (Consult with Township Clerk and/or County of Hastings Planning Department)

Yes \_\_\_\_\_ No \_\_\_\_\_

**Note:** If answer to above question is Yes, then an application for amendment to the Official Plan must be filed with the Hastings County Planning Department.

**4) Land Use**

a) Existing Use of Land \_\_\_\_\_

b) Proposed Use of Lands and/or Buildings (be specific and complete):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**5) Reasons for Requesting Amendment (be specific and complete)**

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**6) Land Division Committee File No. (if applicable – check with Clerk)**

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**7) Supplementary Information (to be attached to this application):**

a) Survey Plan (or a sketch based on an Ontario Land Surveyor's description) outlining and labeling:

- i) the applicant's and/or owner's total holdings in the area
- ii) the land(s) which are subject of the proposed amendments(s) (outlined in red) (include total parcel)
- iii) the location, size and use of all existing buildings or structures on the subject lands and on immediately adjacent properties
- iv) the severed and the retained parcels, indicating each
- v) the distance of all structures from lot lines.

b) Key Map showing the location of the property in relation to surrounding area (a copy of the Township's assessment map indicating subject property is acceptable)

**8) Additional Information (The applicant is requested to submit any further information which may affect the proposal)** \_\_\_\_\_

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I, \_\_\_\_\_ of the \_\_\_\_\_

In the County of \_\_\_\_\_ do solemnly declare:

- a) that I am (the owner) / (the authorized agent of the owner) of the lands herein described (please circle); and
- b) 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".

Declared before me at the \_\_\_\_\_ in the  
County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

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**A Commissioner, etc.**

\_\_\_\_\_  
**Signature of Registered Owner/  
Authorized Agent**

\_\_\_\_\_  
**Address**  
  
\_\_\_\_\_  
  
\_\_\_\_\_