

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

SUBMIT TO: Clerk
Township of Tyendinaga
859 Melrose Road, Shannonville, Ontario K0K 3A0
Telephone: (613) 396-1944 FAX: (613) 396-2080

Application Number: ZA _____

Date: _____

Township Fee: \$525.00 (Payable to Tyendinaga Township)

Quinte Conservation 2021 Fee: \$344.00

(Consult Quinte Conservation for Applicable Fees - 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)

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

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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Acknowledgement

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".

With the filing of this application, the applicant is aware of, and agrees, that if the decision of the Corporation of the Township of Tyendinaga regarding this application is appealed by a third party (a party other than the applicant), all costs incurred by the Township of Tyendinaga for legal counsel and other associated costs to represent the Municipality in defending the decision before the Ontario Land Tribunal (OLT) will be solely the responsibility of, and paid for by the applicant.

Consent to Use and Disclose Personal Information

I/We acknowledge that all information provided on this form (name, address, phone number, e-mail address, etc.), including supporting documentation, is collected under the authority of the Planning Act, and will be accessible to the public and governmental and technical agencies for review. The owner(s)/authorized agent 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.

Furthermore, I/We hereby authorize Council members and members of the staff of the Corporation of the township of Tyendinaga and/or technical review agencies to enter upon the subject lands for the purpose of evaluating the merits of the subject application and conduct any inspections on the subject land that may be required to perform this duty.

Declared before me at the _____ in the
County of _____ this _____ day of _____, 20__.

A Commissioner, etc.

**Signature of Registered Owner/
Authorized Agent**

Address

