

Application for Site Plan Waiver Approval

NOTE: All applications are to be submitted via Portal, through the County's website. Portal, along with further instructions can be found at the following link:

https://portal.haldimandcounty.on.ca/cityviewportal
An incomplete or improperly prepared application
may not be accepted and could result in processing
delays.

For Office Use Only			
File No.	PLSP-HA-2024		
Roll No.			
Date Submitted			
Date Received			
Sign Issued			
Planner's Initials			

<u>A. A</u>	PPLICANT INFOMRATION	
1.	Owner(s)	Phone No.
	Address	Postal Code
		Email
2.	Agent	Phone No.
Address	Address	
		Postal Codo
		Email
	se specify to whom all commu	nications should be sent: Owner Agent ION OF PROPERTY
Geo	graphic Township	Urban Area / Hamlet
Concession Number		Lot Number
Registered Plan Number		
Reference Plan Number		Part Numbers
Prop	perty Address	

C. PURPOSE OF APPLICATION

1. Please explain what you propose to do on the land/premises:



D. SUPPORTING MATERIAL TO BE SUBMITTED WITH THE APPLICATION

In order for your application to be considered complete, the following must be included as part of this application (all figures must be provided in bold numerals, black ink, and metric units):

1. Site Plan. The minimum requirements for acceptance of a site plan waiver application are as follows:

	One concept plan on 215 mm x 275 mm (8 ½" x 11") white paper prepared in black ink
	Municipal Address and legal description
	North arrow
	All dimensions of the property
	Dimensions of all buildings and structures
	All building setbacks (in metres)
	Names of adjacent streets
	Vehicular entrances
	Location, dimensions, number of parking spaces (including visitor and disabled) and aisles
	Refuse disposal and storage areas including any related screening
l	Location of winter and snow storage
	Size, type and location of all signs, fencing, screening, buffering and lighting
	The location, size and distances to buildings and property lines of any existing sewage syste treatment units (septic tanks) and distribution piping (septic beds) on the subject lands

- 2. Application fee of \$740.00.
- 3. Conservation Authority fee, if applicable (information available from staff. Conservation Authority fee schedules are also available at these websites: Niagara Peninsula Conservation Authority:



<u>www.conservation-niagara.on.ca</u>; Grand River Conservation Authority: <u>www.grandriver.ca</u>; and Long Point Region Conservation Authority: <u>www.lprca.on.ca</u>.

4. Any other information required by staff.

Note: in case other documentation/supporting material become necessary, you will be asked to submit that prior to processing of your application.

E. COLLECTION OF PERSONAL INFORMATION	
Personal Information collected on this form is collected pursuant to the Planning Act and will be used for the purposes of processing this application. Questions about this collection may be directed to Haldimand County's Planning and Development Division at 905-318-5932 ext. 6209 or planning@haldimandcounty.on.ca.	
F. DECLARATION Through submission of this application, I/we solemnly declare that I/we have reviewed and completed this application and all of the above statements and the statements contained in all of the subject of the statements are true and correct.	П
exhibits/attachments transmitted herewith are true and correct. I acknowledge that all legislation and requirements governing this type of application shall be complied with whether specified herein or not. 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.	J

G. AUTHORIZATION

ALITHODIZATION OF OWNED (S)

If the applicant is not the owner of the land that is the subject of this application, the authorization set out below must be completed by the owner.

AUTHORIZATION OF OWNER (3)		
I/we	am/are the owner(s) of the lar	

ı/we	am/are the owner(s) of the land that is the subject of this site pia
application. I/we authorize	to make this application on my/our
behalf and to provide any of my/ou application.	r personal information necessary for the processing of this
Acknowledgement of Owner(s) Aut	horization
Signature (s)	Date