



## **APPLICATION FOR REMOVAL OF 'H' HOLDING PROVISION**

*Section 36 of the Planning Act, RSO 1990, as amended*

<b>OFFICE USE ONLY</b>	
<b>Date Received:</b>	<b>Application Number:</b>
<b>Required Fees for Service:</b>	<b>\$317.00</b>
<b>Status:</b>	

### **1. REQUIREMENTS FOR A COMPLETE APPLICATION**

#### **A. Checklist**

<input type="checkbox"/>	Completed application form, including declarations by the applicant.
<input type="checkbox"/>	Zoning By-law Amendment or City By-law which enacted the Holding Provision.
<input type="checkbox"/>	A copy of plans showing the type of building or structure, location of building(s) or structure(s) including all setbacks from lot lines, height, and dimensions or floor area.
<input type="checkbox"/>	A copy of plans showing the type of proposed building(s) or structure(s), location of proposed building(s) or structure(s) including all setbacks from lot lines, height and dimensions or floor area.
<input type="checkbox"/>	A Letter of Authorization from the owner (dated, signed) or completion of the Owner's Authorization located on page 5 of this application, (if owner is not filing the application).
<input type="checkbox"/>	Application fee(s).
<input type="checkbox"/>	Any other information identified by Planning staff during Pre-consultation or prior to application submission.

#### **B. List of Reports/Studies to Accompany Application**


2. GENERAL INFORMATION		
A. Concurrent Applications		
Plan of Subdivision <input checked="" type="checkbox"/>	Plan of Condominium <input type="checkbox"/>	Official Plan Amendment <input type="checkbox"/>
Zoning By-law Amendment <input type="checkbox"/>	Full Site Plan <input type="checkbox"/>	Minor Variance <input type="checkbox"/>
Other (Please Specify):		
Status of concurrent applications:		

B. Owner/Applicant Information			
Property Owner: Person <input type="checkbox"/>		Corporation <input type="checkbox"/>	
Registered Land Owner:			
Surname: _____		First Name: _____	Initials: _____
Address: _____		Municipality: _____	
Province: _____	Postal Code: _____	Email: _____	
TEL: _____		Fax: _____	
Applicant Information:			
Surname: _____		First Name: _____	Initials: _____
Address: _____		Municipality: _____	
Province: _____	Postal Code: _____	Email: _____	
TEL: _____		Fax: _____	
Authorized Agent/Consultant to file on behalf of the Owner (if applicable):			
Surname: _____		First Name: _____	Initials: _____
Address: _____		Municipality: _____	
Province: _____	Postal Code: _____	Email: _____	
TEL: _____		Fax: _____	
Which of the above is the Primary Contact?	Owner <input type="checkbox"/>	Applicant <input type="checkbox"/>	Agent <input type="checkbox"/>

<b>3. BACKGROUND INFORMATION</b>		
<b>A. Description of Lands</b>		
Geographic Township / Planning Area:		
Legal Description (Lot, Plan, Concession):		
Municipal Street Address:		
Assessment Roll Number:		
List any/all previously approved Site Plan Control Agreements:		

<b>B. Land Use – Existing and Proposed</b>		
Frontage (m):	Depth (m):	Area (m <sup>2</sup> ):
Existing Use(s) of the land:		
Existing Land Use Designation:		Existing Zone:
Date subject lands were acquired:		Number of Existing Buildings/Structures:
Date existing buildings/structures were constructed:		Number of Existing Buildings/Structures:
Current use of subject lands:		Number of proposed buildings/structures:
Proposed use of buildings/structures:		

<b>C. Justification for Removal of Holding (H) Provision</b>
Copy of By-law being Amended (Relevant Section):
Justification for removal of Holding Provisions (include all necessary clearance documents):

**NOTE:** Please use a separate sheet if required. Applicant may also submit a separate justification report. All studies or clearance letters are to be submitted prior to acceptance of this application.

#### 4. ADDITIONAL INFORMATION

##### A. Site Designations & Other Applications

Project Name

Have there been previous applications made under the Planning Act:

That is the subject lands? Yes  No

That is within 120 metres of the subject lands? Yes  No

Type of Applications and file number(s), if known:

##### B. Description of Proposal

##### C. Proposal Data

	Existing	Proposed
Gross Floor Area (GFA) (measured within exterior walls)	m <sup>2</sup>	m <sup>2</sup>
Total Gross Floor Area (measured within exterior walls)	m <sup>2</sup>	m <sup>2</sup>
Building Height (maximum)	m	m
Building Coverage (maximum)	m <sup>2</sup> %	m <sup>2</sup> %
Landscaped Area (minimum)	m <sup>2</sup> %	m <sup>2</sup> %
Outside Storage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parking Stalls	Required Existing	Required Existing
Barrier Free Stalls (min)		
Number of Driveways		

##### D. Demolition

Will/Have any existing building(s) be/been removed from the site?  
 Yes  No  Total Area m<sup>2</sup>

Will/Have any existing residential building(s) be/been removed from the site?  
 Yes  No  Quantity

##### E. Ministry Approval

**Is this site located within 45 metres of the limit of a Provincial Highway, within 395 metres of the centre point of a Controlled-Access Provincial Highway intersection or within 180 metres of the centre point of a ?**

Yes  No

*If yes, permit approvals will be required from the Ministry of Transportation (MTO) before development begins.*

**5. OWNERS AUTHORIZATION (IF APPLICABLE)**

With respect to the lands owned by:

(Print Owner(s) Name/Corporate signing authority)

known as:

(Legal Description/Municipal Address of Subject Lands)

**DECLARE** that I/We am the registered owner of the lands described in this application, have examined the contents of this application and hereby certify that the information submitted with the application is correct insofar as I have knowledge of these facts, and I hereby authorize:

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Agent)

(Name of Company)

to act on my/our behalf in this matter. I/We further consent to City of Sarnia staff or a representative thereof, to enter upon the subject lands and premises for the purpose of evaluating the merits of this application and subsequently to conduct any inspections and work on the subject lands and structures that may be required as condition of approval and that the City of Sarnia be authorized to release municipal property tax information to the applicant/agent named within this agreement, for the specific property location referenced within this application.

I/We also acknowledge that the information requested on this form is collected under the authority of the Planning Act, R.S.O. 1990, Chapter P.13, as amended and in the accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Registered Land Owner)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Registered Land Owner)

\_\_\_\_\_  
(Print Name)

**6. APPLICANT DECLARATION**

**A. This must be completed by the person filing the application for the proposed amendment and in the presence of a Commissioner of Oaths.**

I/We \_\_\_\_\_ of the \_\_\_\_\_  
(Eg. Name of Applicant) (Eg. City of Sarnia)

in the \_\_\_\_\_ make oath and say (or solemnly declare)  
(Eg. County of Lambton)

that all the statements contained in this application are true and I/we 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".

\_\_\_\_\_  
**SIGNATURE OF OWNER OR AGENT**  
(To be signed in the presence of a Commissioner of Oaths)

Declared before me at the \_\_\_\_\_ of \_\_\_\_\_  
in the County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**A COMMISSIONER, etc.**

**7. TO BE COMPLETED BY STAFF**

APPLICATION RECEIVED BY THE PLANNING DEPARTMENT FOR REVIEW:

Is a review by the St. Clair Region Conservation Authority required? Yes  No   
(Review fee to be confirmed with SCRCA)

Is a review by the County of Lambton required? Yes  No   
(Review fee to be confirmed with County of Lambton)

Application # \_\_\_\_\_ Date of submission \_\_\_\_\_

Checked by \_\_\_\_\_ Date of acceptance \_\_\_\_\_

Comments \_\_\_\_\_

APPLICATION ACCEPTED AS COMPLETE:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**DIRECTOR OF PLANNING AND BUILDING**