

CITY OF SARNIA

Planning & Building Department

Telephone: (519) 332-0330 X3344

Email: planning@sarnia.ca



255 North Christina Street
P.O. Box 3018
Sarnia, Ontario
N7T 7N2

REZONING APPLICATION NO.: _____ **OPA No.** _____
(Office Use)

**APPLICATION FOR AMENDMENT TO
OFFICIAL PLAN**

Planning Act R.S.O. 1990, c.P.13, s.22 (4); 1996, c.4, s.13
Reg. 543/06, Schedule 1

1) Municipal Address & Legal Description of Subject Land

Street Address _____ Roll No. _____

Lot No. _____ Registered Plan No. _____

or Part No. _____ Reference Plan No. _____

or Lot No. _____ Concession _____

2) Registered Owner of Subject Lands: _____

Address _____

Postal Code _____ Telephone _____

Fax _____ e-mail _____

3) Applicant: _____

Address _____

Postal Code _____ Telephone _____

Fax _____ e-mail _____

4) Agent: _____

Address _____

Postal Code _____ Telephone _____

Fax _____ e-mail _____

- 5) **Dimensions of Subject Land – Check here if plan attached** ☐ **or describe below:**

Frontage _____ Depth _____ Area _____

- 6) **Current Land Use Designation** _____

- 7) **Uses Authorized by Current Land Use Designation:** _____

- 8) **Proposed Land Use to be Authorized by the Amendment:** _____

- 9) **Effect of Proposed Amendment on Designation:**

The proposed amendment: (check one) changes ☐; replaces ☐; deletes ☐;
a designation of the Land Use Schedule of the Official Plan. Name the designation proposed:

- 10) **Effect of Proposed Amendment on Policies:**

The proposed amendment: (check one) changes ☐; replaces ☐; deletes ☐; a policy.
State the purpose of the proposed Official Plan Amendment, identify any affected policies and provide the text of any proposed policy:

- 11) **Other Applications: State whether the subject land or any land within 120 metres (400') of the subject land is the subject of an application made by the applicant for approval of an official plan amendment, zoning by-law amendment, a plan of subdivision, a consent, a minor variance, site plan or Minister's zoning order.**

- a) Type of Application _____

Application File # _____ Approval Authority _____

Lands Affected _____

Purpose of Application _____

Status of Application _____

Effect of Application on proposed amendment _____

- b) Type of Application _____

Application File # _____ Approval Authority _____

Lands Affected _____

Purpose of Application _____

Status of Application _____

Effect of Application on proposed amendment _____

12) Services (mark all that apply)

SERVICE	TYPE	EXISTING	PROPOSED
Sanitary Sewage	Municipal system		
	Individual septic		
	Communal septic		
	Other		
Storm Water	Municipal Sewer		
	Ditch		
	Swale		
	Other		
Water Supply	Municipal piped water		
	Private well		
	Communal well		
	Lake or other water body		
	Other		

13) Private Septic Services

- a) Have necessary approvals been obtained from the County of Lambton and/or Ministry of Environment for proposed private services?

Yes ☐ (if yes, attach copies of appropriate certificates)

No ☐

- b) If the development will produce more than 4,500 litres of effluent per day, please attach the following:

- 1) a servicing options report, and
- 2) a hydrogeological report.

14) If the application alters a settlement area boundary, provide details of the Official Plan Amendment that deals with the matter.

15) If the application removes land from an area of employment, provide details of the Official Plan Amendment that deals with the matter.

- 16) Is the requested amendment consistent with the policy statements issued under subsection 3(1) of the Planning Act.
No ☐ Yes ☐
- 17) Is the subject land within an area of land designated under any provincial plan or plans?
No ☐ Yes ☐
- 18) If the answer to section 17 is yes does the requested amendment conform to provincial plan or plans?
No ☐ Yes ☐
-

19) **AUTHORIZATION BY OWNER**

I, the undersigned being the owner of the subject land or having authority to bind the owner, hereby authorize

_____ to act as my agent and make this application.

Signature of Owner or person having authority to bind the owner

Date

20) **DECLARATION**

I, _____ of the _____ of _____ in

the County of _____ do solemnly declare that all above statements contained in this application and in all of the exhibits submitted are true, and I make this solemn declaration conscientiously believing it to be true and knowing that it has 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.

TO BE COMPLETED BY STAFF

APPLICATION RECEIVED BY THE PLANNING & BUILDING 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 _____
(PLANNER'S SIGNATURE)

Remarks _____

APPLICATION ACCEPTED AS COMPLETE:

This _____ day of _____ 20 _____

DIRECTOR OF PLANNING AND BUILDING

1. SUPPORTING INFORMATION

- a)A sketch/site plan may be required to identify and show the following (where applicable):
- i)e existing and proposed buildings or structures together with height, elevation, size and setbacks and an indication of all buildings or facilities to be removed;
 - ii) ingress-egress, parking, loading and driveway areas;
 - iii) the area and principal dimensions of the property; and,
 - iv) any easements, rights-of-way, deed restrictions, encroachments or covenants which may limit the use of the property.
- v)N atural features and adjacent land uses
- b)T he applicant is asked to submit any relevant background reports or other information in support of this application as required.

2. SITE PLAN CONTROL AGREEMENT

Approval of this application may require that the subject lands be developed in accordance with a Site Plan Agreement between the owner(s) and the Municipality. (Section 41 of the Planning Act, 1990, as amended.)

3. FEE SCHEDULE

Official Plan Amendment.....	\$5,454.80
Combined Zoning and Official Plan Amendments.....	\$5,668.00

The fee must accompany each application before it can be processed.

Please make cheque payable to **The Corporation of the City of Sarnia**

Payment Options: payable online or by credit, debit or cheque

4. ADDITIONAL FEES

- a) The **St. Clair Region Conservation Authority** requires a processing fee for each official plan amendment application that they are required to review (combined rezoning and official plan amendment applications will only require one fee). This fee will be collected at the time the application is made, if applicable. Fee to be confirmed with SCRCA.
- b) The **County of Lambton** in its capacity as the administrator of the Province's septic system regulations (Part 8 of the Environmental Protection Act) requires a processing fee for each official plan amendment application that it is required to review, (combined rezoning and official plan amendment applications will only require one fee). This fee will be collected at the time the application is made, if applicable. Fee to be determined by County of Lambton

Revised January, 2023