



**OFFICE USE ONLY**  
**APPLICATION NO.:**  
**DATE:**

## APPLICATION FOR SITE PLAN APPROVAL

### 1. Register Owner:

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: (Home) \_\_\_\_\_ (Business/Cell) \_\_\_\_\_  
Email address: \_\_\_\_\_

### 2. Agent Information (if applicable):

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: (Home) \_\_\_\_\_ (Business/Cell) \_\_\_\_\_  
Email address: \_\_\_\_\_

Communication – Please specify where communication should be directed:  
Owner \_\_\_\_\_ Authorized Agent \_\_\_\_\_

### 3. Description of the Property

Total Lot Area: \_\_\_\_\_ Lot Frontage: \_\_\_\_\_  
Name of Street/Road: \_\_\_\_\_ Street No.: \_\_\_\_\_

#### a. Legal Description

Lot: \_\_\_\_\_ Concession: \_\_\_\_\_  
Registered Plan No.: \_\_\_\_\_ Lot/Block: \_\_\_\_\_  
Reference Plan No.: \_\_\_\_\_ Part No.: \_\_\_\_\_  
Assessment Roll No. \_\_\_\_\_

#### b. Servicing

Type of Water Supply:  
Private \_\_\_\_\_ Individual Public \_\_\_\_\_ Municipal \_\_\_\_\_ Other: \_\_\_\_\_

Type of Stormwater Drainage Proposed:  
Sewers \_\_\_\_\_ Road Side Ditches \_\_\_\_\_ Swales \_\_\_\_\_ Other: \_\_\_\_\_

#### c. Access

Type of Access Proposed:  
Provincial Highway \_\_\_\_\_ Municipal Road (Maintained Year Round) \_\_\_\_\_  
Private (Right-of-Way) \_\_\_\_\_ Municipal Road (Seasonal) \_\_\_\_\_ Other: \_\_\_\_\_

#### d. Easements

Are the subject lands subject to any easements and/or rights-of-way or restrictive covenants? \_\_\_\_\_

If yes to above and known, specify the description of the easements/right-of-way or restrictive covenants and its effect: \_\_\_\_\_

#### 4. Project Contact Information

##### Planner (if applicable)

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: (Business/Cell) \_\_\_\_\_ Ext. \_\_\_\_\_  
Email address: \_\_\_\_\_

##### Architect/designer (if applicable)

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: (Business/Cell) \_\_\_\_\_ Ext. \_\_\_\_\_  
Email address: \_\_\_\_\_

##### Landscape Architect (if applicable)

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: (Business/Cell) \_\_\_\_\_ Ext. \_\_\_\_\_  
Email address: \_\_\_\_\_

##### Engineer (if applicable)

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: (Business/Cell) \_\_\_\_\_ Ext. \_\_\_\_\_  
Email address: \_\_\_\_\_

##### Other (if applicable; e.g. Heritage Consultant, Environmental Engineer, etc.)

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: (Business/Cell) \_\_\_\_\_ Ext. \_\_\_\_\_  
Email address: \_\_\_\_\_

**5. Other Applications Effecting the Subject Lands (if applicable)**

	Required	Submitted	File no.	Status
Official Plan Amendment				
Zoning Bylaw Amendment				
Consent Application				
Minor Variance Application				

**6. Property Development**

Nature of proposed use:

Residential                  Commercial                  Industrial                  Institutional

---

Building height (m): \_\_\_\_\_ Number of storeys: \_\_\_\_\_ Coverage %: \_\_\_\_\_

Building area: \_\_\_\_\_ Gross floor area (all floors and basement): \_\_\_\_\_

Does the proposed development propose to demolish (an) existing building(s)? \_\_\_\_\_

If yes, provide details on the demolition: \_\_\_\_\_  
 \_\_\_\_\_

**a. Setbacks for EXISTING building(s):**

Front Yard	Rear Yard	Interior Yard	Interior Yard	Exterior Yard

**b. Setbacks for PROPOSED building(s):**

Front Yard	Rear Yard	Interior Yard	Interior Yard	Exterior Yard

Front Yard	Rear Yard	Interior Yard	Interior Yard	Exterior Yard

**c. Please complete for COMMERCIAL or INDUSTRIAL uses (where applicable):**

	Existing	Proposed	Total Area (m <sup>2</sup> )
Number of commercial units:			
Gross leasable space for retail:			
Gross floor area for office use:			
Gross floor area for restaurant use:			
Gross floor area for basement:			
Gross floor area for mezzanine:			
Gross floor area for warehouse and wholesale use:			
Number of off-street parking spaces:			
Number of barrier-free parking spaces:			
Number of loading spaces/bays:			



**8. Acknowledgement of the Applicant**

Plans submitted in conjunction with this application are not reviewed for compliance with the Ontario Building Code (OBC) and related regulations. It is the responsibility of the owner/agent and designer to ensure that all plans submitted with this application comply with the basic requirements of the OBC. If you need assistance in determining whether your plans comply with the O.B.C. please contact the Chief Building Inspector for the Township of Stirling-Rawdon.

There may be additional approvals (e.g. building permit, etc.) and additional fees and charges (e.g. building permit fee, cash-in-lieu parkland dedication, development charges) associated with any development approved in conjunction with this application.

No re-grading is permitted onsite during the processing of this application.

Date \_\_\_\_\_ Signature of Owner/Agent \_\_\_\_\_

**9. Declaration**

(to be completed by all registered owner(s) and/or authorized agent and sworn before a commissioner of oaths)

I/We \_\_\_\_\_ of the City/Town of \_\_\_\_\_ in the County/Region of \_\_\_\_\_ solemnly declare that all of the statements contained in this Application for Consent for (legal description of land) \_\_\_\_\_ and all of the supporting documents are true, and I/we, make this solemn declaration conscientiously believing it to be true and complete, and knowing that it is of the same force and effect as if made under oath.

DECLARED before me at the \_\_\_\_\_ of \_\_\_\_\_  
In the \_\_\_\_\_ of \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_.

\_\_\_\_\_  
Owner/Agent

\_\_\_\_\_  
Owner/Agent

Commissioner of Oaths  
(affix Commissioner Stamp below)

**10. Freedom of Information Act**

I/we, \_\_\_\_\_ am/are the owner(s) of the subject lands and for the purposes of the Municipal Freedom of Information and Protection of Privacy Act and I/we 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.

Date \_\_\_\_\_ Signature of all registered Owner(s) \_\_\_\_\_

Date \_\_\_\_\_ Signature of all registered Owner(s) \_\_\_\_\_

**11. Permission to Enter**

I/we agree to allow the County of Hastings and/or the local municipality and/or their agents to enter upon the lands that are the subject of this Application for Site Plan Control for the purpose of conducting a site inspection that may be necessary to process this application.

Date \_\_\_\_\_ Signature of all registered Owner(s) \_\_\_\_\_

Date \_\_\_\_\_ Signature of all registered Owner(s) \_\_\_\_\_

**12. Authorisation of agent and agent to provide personal information**

I/we \_\_\_\_\_ am/are the registered owners of the land that is the subject of this Application for Consent and I/we authorize \_\_\_\_\_ to make this Application for Site Plan Control on my/our behalf. I/we authorize my/our agent as noted above to provide any of my/our personal information that is included in this Application for Site Plan Control or collected during the processing of this Application for Site Plan Control.

Date \_\_\_\_\_ Signature of all registered Owner(s) \_\_\_\_\_

Date \_\_\_\_\_ Signature of all registered Owner(s) \_\_\_\_\_