



MUNICIPALITY OF BAYHAM  
56169 Heritage Line  
P.O. Box 160  
Straffordville, ON N0J 1Y0  
Phone (519) 866-5521 ~ Fax (519) 866-3884

File No. ZBA-

**APPLICATION FOR AMENDMENT TO THE ZONING BY-LAW OF  
THE MUNICIPALITY OF BAYHAM**

This application must be filed with the Planning Coordinator/Deputy Clerk or designate of the Municipality of Bayham along with payment for the required amount. The applicant should retain one copy for their records.

The information in this form must be completed in full. This mandatory information must be provided with a fee of \$3,598.00 (Zoning By-law Amendment) or \$2,043.00 (Temporary Use Zoning By-law) or \$1,521.00 (Temporary Use Zoning By-law Renewal) or \$1,521.00 (Zoning Amendment to Remove Holding Provision). If the application is not completed in full, the application will be returned.

I/We, \_\_\_\_\_ shall assume responsibility for any additional costs exceeding the deposited amount related to the said application and understand and agree that for payment of said additional costs shall be a condition of this signed application. I/We also agree to accept all costs as rendered.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Property Owner Signature

**FOR OFFICE USE ONLY**

|                  |                          |
|------------------|--------------------------|
| DATE RECEIVED:   | AMOUNT RECEIVED:         |
| DEEMED COMPLETE: | RECEIPT # :              |
| FILE NO: ZBA-    | DATE ADOPTED BY COUNCIL: |

**1. Registered Owner's Name(s):** \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. (Home): \_\_\_\_\_ Business: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Lot and Concession (if applicable): \_\_\_\_\_

**Are there any other holders of mortgages, charges or other encumbrances of the Subject Lands? If so provide the names and addresses of such persons.**

\_\_\_\_\_  
\_\_\_\_\_

**2. Applicant / Authorized Agent:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please specify to whom all communications should be sent:**

Registered Owner ( )      Applicant / Authorized Agent ( )

**3. Legal Description of the land for which the amendment is requested**

**Roll #** \_\_\_\_\_

Concession: \_\_\_\_\_ Lot: \_\_\_\_\_

Reference Plan No: \_\_\_\_\_ Part Lot: \_\_\_\_\_

Street and Municipal Address No.: \_\_\_\_\_

**What is the size of property which is subject to this Application?**

Area: \_\_\_\_\_ m<sup>2</sup> Frontage: \_\_\_\_\_ m Depth: \_\_\_\_\_ m

**When were the subject lands purchased by the current owner?** \_\_\_\_\_

4. Existing Official Plan Designation: \_\_\_\_\_

How does the application conform to the Official Plan?

\_\_\_\_\_

5. Existing Zoning By-law Classification: \_\_\_\_\_

What are the current uses of the subject lands?

\_\_\_\_\_

\_\_\_\_\_

If known, provide the length of time these uses have continued on this property.

\_\_\_\_\_

For any existing buildings or structures on the subject lands provide the following information:

| Type  | Front Lot Line Setback | Side Lot Line Setbacks | Rear Lot Line Setback | Height | Dimensions |
|-------|------------------------|------------------------|-----------------------|--------|------------|
| _____ | _____                  | _____                  | _____                 | _____  | _____      |
| _____ | _____                  | _____                  | _____                 | _____  | _____      |
| _____ | _____                  | _____                  | _____                 | _____  | _____      |
| _____ | _____                  | _____                  | _____                 | _____  | _____      |
| _____ | _____                  | _____                  | _____                 | _____  | _____      |

If known, provide the dates in which each of these buildings were constructed.

\_\_\_\_\_

6. What is the Nature and Extent of the Rezoning? Quote Section of Zoning By-law to be amended.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Why and for what purpose is the rezoning being requested?

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**8. Does the proposed Zoning By-law amendment implement a growth boundary adjustment of a settlement area? Yes / No**

If so, attach separately justification or information for the request based on the current Official Plan policies or associated Official Plan amendment.

**9. Does the proposed amendment remove land from an area of employment? Yes / No**

If so, attach separately justification or information for the request based on the current Official Plan policies or associated Official Plan amendment.

**10. Description of proposed development for which this amendment is requested (i.e. permitted uses, buildings or structures to be erected. Be Specific)**

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**For any proposed buildings or structures on the subject lands provide the following information:**

| Type  | Front Lot Line Setback | Side Lot Line Setbacks | Rear Lot Line Setback | Height | Dimensions |
|-------|------------------------|------------------------|-----------------------|--------|------------|
| <hr/> | <hr/>                  | <hr/>                  | <hr/>                 | <hr/>  | <hr/>      |
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**11. Services existing or proposed for the subject lands: Please indicate with a ✓**

| <b>Water Supply</b>              | <b>Existing</b> | <b>Proposed</b> |
|----------------------------------|-----------------|-----------------|
| Municipal Piped Water Supply     | ( )             | ( )             |
| Private Drilled Well             | ( )             | ( )             |
| Private Dug Well                 | ( )             | ( )             |
| Communal Well                    | ( )             | ( )             |
| Lake or other Surface Water Body | ( )             | ( )             |
| Other                            | ( )             | ( )             |

| <b>Sewage Disposal</b>    | <b>Existing</b> | <b>Proposed</b> |
|---------------------------|-----------------|-----------------|
| Municipal Sanitary Sewers | ( )             | ( )             |
| Individual Septic System  | ( )             | ( )             |
| Communal System           | ( )             | ( )             |
| Privy                     | ( )             | ( )             |
| Other                     | ( )             | ( )             |

**Note: If the proposed development is on a private or communal system and generate more than 4500 litres of effluent per day, the applicant must include a servicing options report and a hydrogeological report.**

Are these reports attached? \_\_\_\_\_

If not, where can they be found? \_\_\_\_\_

**Storm Drainage**

Provisions: \_\_\_\_\_

Proposed Outlet: \_\_\_\_\_

**12. How will the property be accessed?**

Provincial Highway ( )      County Road ( )      Municipal Road – maintained all year ( )

Municipal Road – seasonally maintained ( )      Right-of-way ( )      Water ( )

If access is by water, do the parking and docking facilities exist, and what is the nearest public road?

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**13. Has the subject land ever been the subject of an application under the Planning Act for:**

Plan of Subdivision ( )      Consent ( )      Minor Variance ( )

Zoning By-law Amendment ( )      Ministers Zoning Order ( )

**If yes to any of the above, indicate the file number and status of the application.**

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**14. How is the proposed amendment consistent with the Provincial Planning Statement 2024?**

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**15. Are the subject lands within area designated under any Provincial Plan(s)? If the answer is yes, does the proposed amendment conform to the Provincial Plan(s)?**

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**16. The Owner is required to attach the following information with the application and it will**

**form part of the application. Applications will not be accepted without the following.**

- (a) A sketch based on an Ontario Land Surveyor description of the subject lands showing
  - the boundaries and dimension of the subject lands;
  - the location, size and type of all existing and proposed buildings and structures, indicating their setbacks from all lot lines, the location of driveways, parking or loading spaces, landscaping areas, planting strips, and other uses (all measurements in metric);
  - the approximate location of all natural and artificial features (buildings, railways, roads, watercourses, drainage ditches, banks of rivers or streams, wetlands, wooded areas, wells and septic tanks) that are on the subject lands, adjacent to the subject lands, or in the opinion of the applicant may affect the application;
  - the current uses of the land that is adjacent to the subject land;
  - the location, width, and name of any roads within or abutting the subject land, indicating where it is an unopened road allowance, a public traveled road, a private road, or a right-of-way;
  - the location of the parking and docking facilities to be used (if access will be by water only);
  - the location and nature of any easement affecting the subject land.
- (b) Written comments from the Southwestern Public Health, Long Point Region Conservation Authority and Ministry of Transportation (if applicable).
- (c) If a private sewage system is necessary, pre-consultation with the Chief Building Official is required about the approval process

**17. If this application is signed by an agent or solicitor on behalf of an applicant(s), the owner’s written authorization must accompany the application. If the applicant is a corporation acting without an agent or solicitor the application must be signed by an officer of the corporation and the seal if any must be affixed.**

**18. Additional Information as required by Council**

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**19. If this application is to accommodate the consent of a surplus farm dwelling, please**

**provide the following information:**

Date surplus farm dwelling was erected: \_\_\_\_\_

Please provide the assessment roll number, location, and zoning of the farm parcel with which the subject lands are being consolidated.

Roll # 3401 -

911 Address: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

I/We, \_\_\_\_\_, of the \_\_\_\_\_  
Name Town/Township/City/Village etc.

of \_\_\_\_\_, in the County of \_\_\_\_\_, do solemnly declare:  
Municipality Name County Name

- (i) that I/We am/are the owner(s) of the lands described above
- (ii) that to the best of my/our knowledge and belief, all of the information and statements given in this application and in all exhibits transmitted are true.
- (iii) that I/We hereby appoint \_\_\_\_\_ to act as an Agent on my/our behalf in all aspects of this application.

Owner(s) Signature(s): \_\_\_\_\_

**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".**

**DECLARED BEFORE ME at the:** \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_ **Owner / Agent**

in the County/Region of \_\_\_\_\_ this \_\_\_\_\_  
day of \_\_\_\_\_ 20 \_\_\_\_ . \_\_\_\_\_  
**Owner / Agent**

\_\_\_\_\_  
**A Commissioner, etc.**

**SKETCH TO BE ON THIS PAGE OR ATTACH AN ADDITIONAL PAGE**