



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

File No. OPA-

**APPLICATION FOR AMENDMENT TO THE OFFICIAL PLAN 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. 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: OPA -	DATE ADOPTED BY COUNCIL:

1. Registered Owner's Name:

Address: _____

Phone No. (Home): _____ Business: _____

Fax: _____ Email: _____

Lot and Concession (if applicable): _____

2. Applicant / Authorized Agent:

Address: _____

Phone No.: _____ Fax: _____

Email: _____

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:

Concession: _____ Lot: _____ Roll # 34 - 01 - _____

Reference Plan No: _____ Part Lot: _____

Street and Municipal Address No.: _____

4. Size of property which is subject to this Application:Area: _____ m² Frontage: _____ m Depth: _____ m**5. Does the proposed amendment add, change, replace, or delete a policy/schedule of the Official Plan?**

Add () Change () Replace () Delete ()

If so, policy/schedule to be added, changed, replaced, or deleted: _____

Attach separately the requested additions, changes, or replacements.

**6. Does the proposed amendment alter a growth boundary of any settlement area?
Yes / No**

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

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

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

8. Existing Official Plan Designations: _____

Land Uses Permitted in existing Designation: _____

9. Present Use of subject lands (Be specific): _____

10. Proposed Official Plan Designation: _____

11. What is the purpose of the proposed Official Plan amendment?

12. Description of proposed development for which this amendment is requested (i.e.

permitted uses, buildings or structures to be erected. Be Specific)

13. Services existing or proposed for the subject lands: Please indicate with a ✓

Water Supply	Existing	Proposed
Municipal Piped Water Supply	()	()
Private Drilled Well	()	()
Private Dug Well	()	()
Communal Well	()	()
Lake or other Surface Water Body	()	()
Other	()	()

Sewage Disposal	Existing	Proposed
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: _____

14. Is the subject land or land within 120 metres of it subject of an application under the

Planning Act for:

Minor Variance () Official Plan amendment () Consent ()

Zoning By-law amendment () Plan of Subdivision () Site Plan ()

If yes to any of the above, indicate the file number, name of approval authority, the land it affects, purpose, status, and effect on this proposed amendment.

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

16. 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)?

17. 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) Survey plan, or a sketch based on an Ontario Land Surveyor description of all lands in the Owner's possession in the vicinity of the subject application with the lands covered by this application outlined in red, and showing the location, size and use of all buildings and structures on the Owner's lands and on all adjacent properties. Measurements to be in metric.
- (b) Large scale detailed plan of the proposed development, showing the location and type of all buildings, setbacks, number and floor area or dwelling units (if applicable) the location of

(c) Written comments from the Southwestern Public Health, Long Point Region Conservation Authority and Ministry of Transportation (if applicable).

- 19. Additional Information as required by Council consideration of the application**

[illegible]

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: _____

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.	Owner / Agent