



Township of Georgian Bluffs Committee of Adjustment

Severance Application

Date Accepted: _____ File No: B _____ / _____ Roll #: _____

Note: Questions 2, 3, 6, 7, 8, 9, 10, 11, 12 a & b, & 14 are **minimum mandatory requirements** as prescribed in the schedule to Ontario Regulation 41/95, Planning Act, and **must be completed**. The remaining questions assist the Committee and Agencies in evaluating your application. You can help ensure a thorough evaluation is completed by answering all questions. Failure to provide adequate, correct information may result in your application being refused.

1. Approval Authority: The Township of Georgian Bluffs Committee of Adjustment

2. Owner: _____

Address: _____

Phone Number: _____ Postal Code: _____

Email: _____

3. Applicant (if different from Owner): _____

Address: _____

Phone Number: _____ Postal Code: _____

Email: _____

4. Agent/Solicitor: _____

Address: _____

Phone Number: _____ Postal Code: _____

Email: _____

5. Communications should be sent to:

Owner Applicant/Authorized Agent Solicitor Other: _____

Note: In this form, "Subject Land" means the parcel to be severed and the parcel to be retained

6. Subject Land:

Legal Description: _____

Former Municipality: _____

Civic Addressing Number: _____

7. Description of Subject Land:

a) **Existing** use of Subject Land: _____

b) **Existing** Buildings: _____

c) Is the Subject Land presently subject to **any** of the following:

Easement Restrictive Covenants Right of Way

Note: All existing easements and right of ways must be shown on the sketch.

8. Proposal: (Dimensions must be accurate)

Dimensions of land intended
to be **severed**

Frontage _____

Depth: Side Lot Line _____

Width: Rear Lot Line _____

Area _____

Dimensions of land intended
to be **retained**

Frontage _____

Depth: Side Lot Line _____

Width: Rear Lot Line _____

Area _____

9. Use of Subject Land to be **severed**:

- New Lot
- Lot Addition
- Lease/Charge
- Easement/Right of Way
- Correction of Title

Name of person(s), if known, to whom land or interest in land is to be transferred, leased or charged:

Address: _____

Buildings Proposed: _____

10. Use of Lands to be **retained**:

Buildings Proposed: _____

Specify Use: _____

11. Road Access	Severed Parcel	Retained Parcel
Provincial Highway	<input type="checkbox"/>	<input type="checkbox"/>
County Road (Provide Road Number)	<input type="checkbox"/>	<input type="checkbox"/>
Township Road	<input type="checkbox"/>	<input type="checkbox"/>
Non-maintained/seasonally maintained	<input type="checkbox"/>	<input type="checkbox"/>
Municipal road allowance	<input type="checkbox"/>	<input type="checkbox"/>
Private Right-of-Way	<input type="checkbox"/>	<input type="checkbox"/>

Note: If access is from a non-maintained or seasonally maintained road allowance, has an agreement been reached with the Municipality regarding upgrading of the road?

Yes No

12. Servicing

a) What type of **water supply** is proposed?

	Severed Parcel	Retained Parcel
Municipally owned/operated	<input type="checkbox"/>	<input type="checkbox"/>
Lake/River	<input type="checkbox"/>	<input type="checkbox"/>
Well	<input type="checkbox"/>	<input type="checkbox"/>

If proposed water supply is by well, are the surrounding water well records attached?

Yes No

b) What type of **sewage disposal** is proposed?

	Severed Parcel	Retained Parcel
Municipally owned/operated	<input type="checkbox"/>	<input type="checkbox"/>
Septic	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

c) Other Services (check if **any** of these services are **available** to the Subject Lands)

Electricity School Bus Telephone Garbage Collection Other_____

13. Agricultural Property History

a) What type of farming has been or is currently being conducted? Indicate this on the proceeding page by circling the Animal Type, Description, and Barn Type. Label each barn with a number on the sketch and the form.

b) How long have you owned the farm? _____

c) Area of total farm holding: Hectares_____ Acres_____

d) Number of tillable: Hectares_____ Acres_____

e) Is there a barn on the parcel to be severed? Yes No

Condition of Barn_____ Present Use_____

Capacity of barn in terms of livestock_____

f) Is there a barn on the parcel to be retained? Yes No

Condition of Barn _____ Present Use _____

Capacity of barn in terms of livestock _____

g) Are there any barns, on other properties, within 1 kilometre (1,000 metres) of the proposed lot?

Yes

No

14. Property History

a) Has any land been severed from the parcel originally acquired by the owner of the Subject Land?

Yes

No

If yes, and if known, provide for each parcel severed, the Grey County or Georgian Bluffs file number:

Office Use Only

a) Please indicate the existing Official Plan designation of the subject land:

Agricultural	_____	Wetlands	_____
Rural	_____	Urban	_____
Urban Fringe	_____	Hamlet	_____
Hazard Lands	_____	Recreation	_____
NEC Area	_____	Inland Lakes & Shoreline	_____
Special Agriculture	_____	Mineral Resource Extraction	_____
Space Extensive Commercial	_____	Space Extensive Industrial	_____

b) Please indicate the current Zoning on the Subject Property:

c) Please indicate whether any of the following environmental constraints apply to the subject land:

Primary Aggregate	_____	Special Policy	_____
Life ANSI	_____	Existing Land Fill Sites	_____
Earth ANSI	_____	Abandoned Land Fill Sites	_____
Earth Life ANSI	_____	Cold Water Streams	_____
Cool/Warm Water Lake	_____	Cool/Warm Water Stream	_____
Warm Water Streams	_____	Cold Water Lake	_____
Warm Water Lake	_____		

Is the application being submitted in conjunction with a proposed **Official Plan Amendment**?

Yes _____ No _____

If yes, and if known, specify the Ministry file number and status of the application.

d) Has the parcel intended to be severed ever been, or is it now, the subject of an **application for a Plan of Subdivision** under the Planning Act?

Yes _____ No _____ Unknown _____

If yes, and if known, provide for each parcel to be severed, the Ministry and/or Grey County file number: _____

e) Has an application for a **Development Control Permit** been submitted to/approved by the Niagara Escarpment Commission?

Yes _____ No _____ Submitted _____ Approved _____

15. Sketch

1. You must show **all** of the **required information**.
2. The sketch must be submitted with the application on paper **no larger** than 8 1/2" x 14".
3. Outline the **severed** parcel in **red** and the **retained** parcel in **green**
4. Clearly **label** which is the **severed** parcel and which is the **retained** parcel

Required Information:

- a) North Arrow
- b) Subject Land (land owned by the applicant) boundaries and dimensions
- c) Distance between the applicant's land and the nearest township lot line or appropriate landmark (eg. bridge, railway crossing, etc.)
- d) Parcel of land that is the Subject of the application, its boundaries and dimensions, the **part** of the parcel that is to be **severed**, the **part** that is to be **retained** and the location of all land **previously severed**.
- e) The **approximate location** of all natural and artificial features on the Subject Land (eg. buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded areas, wells, septic tanks) and the location of any of these features on adjacent lands which may affect the application.
- f) The **use of adjoining lands** (eg. residential, agricultural, cottage, commercial, etc.)
- g) The location, width and names of **all** road allowances, rights-of-way, streets, or highways within or abutting the property, indicating whether they are publicly travelled roads, private roads, rights-of-way or unopened road allowances.
- h) The location and nature of **any** easement affecting the subject land.
- i) All barns and manure storage facilities on the subject property as well as on the adjacent lands. Please indicate the distance from the barns and the manure storage facilities to the proposed severance boundary. Please be sure to indicate the corresponding barn number and manure storage.

Please ensure your sketch is legible and reproducible.

16. Affidavit or Sworn Declaration

I/We

(Applicant(s) Name(s))

Of the _____ of _____
(City/Township)

In the _____ of _____
(County)

Make oath and say (or solemnly declare) that the information contained in this application is true and that the information contained in the documents that accompany this application in respect of this application is true.

I (we) hereby authorize municipal planning staff and the municipality’s agents to enter the property for the purposes of performing inspections and gathering information, without further notice, related to the processing of this application.

Sworn (or declared) before me at the

_____ of _____

In the _____ of _____

This _____ day of _____ 20_____

Signature – Commissioner of Oaths

Signature of Applicants Agent

Name in Print

Applicant(s) Agent Name in Print

Signature of Applicant(s)

Signature of Applicant(s)

Applicant(s) name in Print

Applicant(s) name in Print

Please return this completed form to:
Attention: Committee of Adjustment
Township of Georgian Bluffs
Owen Sound, Ontario. N4K 5N5



Sample Sketch

