



## Township of Georgian Bluffs Committee of Adjustment

### Severance Application

Date Accepted: 06/12/23 File No: B 10 123 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: 1000190905 ONTARIO LIMITED, Adam MacDONWELL  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email: \_\_\_\_\_
3. Applicant (if different from Owner): BRIAN GOUUGH  
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: \_\_\_\_\_

#### Authorization:

I/We, 1000190905 ONTARIO LIMITED, Adam MacDONWELL (please print) am/are the registered owner(s) of the lands subject to this application and I/we authorize BRIAN GOUUGH to make this application on my/our behalf.

Date: June 13, 2023 Signed: \_\_\_\_\_

Date: June 13, 2023 Signed: \_\_\_\_\_

Witness to signature: \_\_\_\_\_

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

6. Subject Land:

Legal Description: PART 3, REF PLAN 1LR-6809, WITH ROW  
ACCESS OVER PART 2, REF PLAN 1LR-6809

Former Municipality: SARAWAK

Civic Addressing Number: 258561 GREY ROAD 17, OWEN  
SOUND, ON NYK 063

7. Description of Subject Land:

a) Existing use of Subject Land: RESIDENTIAL

b) Existing Buildings: HOUSE & SHEDS

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

Easement  Restrictive Covenants  Right of Way

HYDRO

PART 2

**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 general, utilities

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/> GREY RD 17
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 checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" 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:

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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
5. See page 8 for Sample Sketch.

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

BRIAN GOUGH (AGENT)

(Applicant(s) Name(s))

Of the TOWNSHIP of GEORGIAN BLUFFS  
(City/Township)

In the

COUNTY of GREY  
(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

TOWNSHIP of Georgian Bluffs

In the COUNTY of Grey

This 22nd day of JUNE 2023

   
Signature of Commissioner of Oaths  
JOHN MURRAY, a Commissioner, etc.  
County of Grey, Legislative Services Coordinator  
of the Corporation of the Township of  
Georgian Bluffs

Signature of Applicant's Agent

RONALD A MURRAY  
Name in Print

BRIAN GOUGH  
Applicant(s) Agent Name in Print

Signature of Applicant(s)

Signature of Applicant(s)

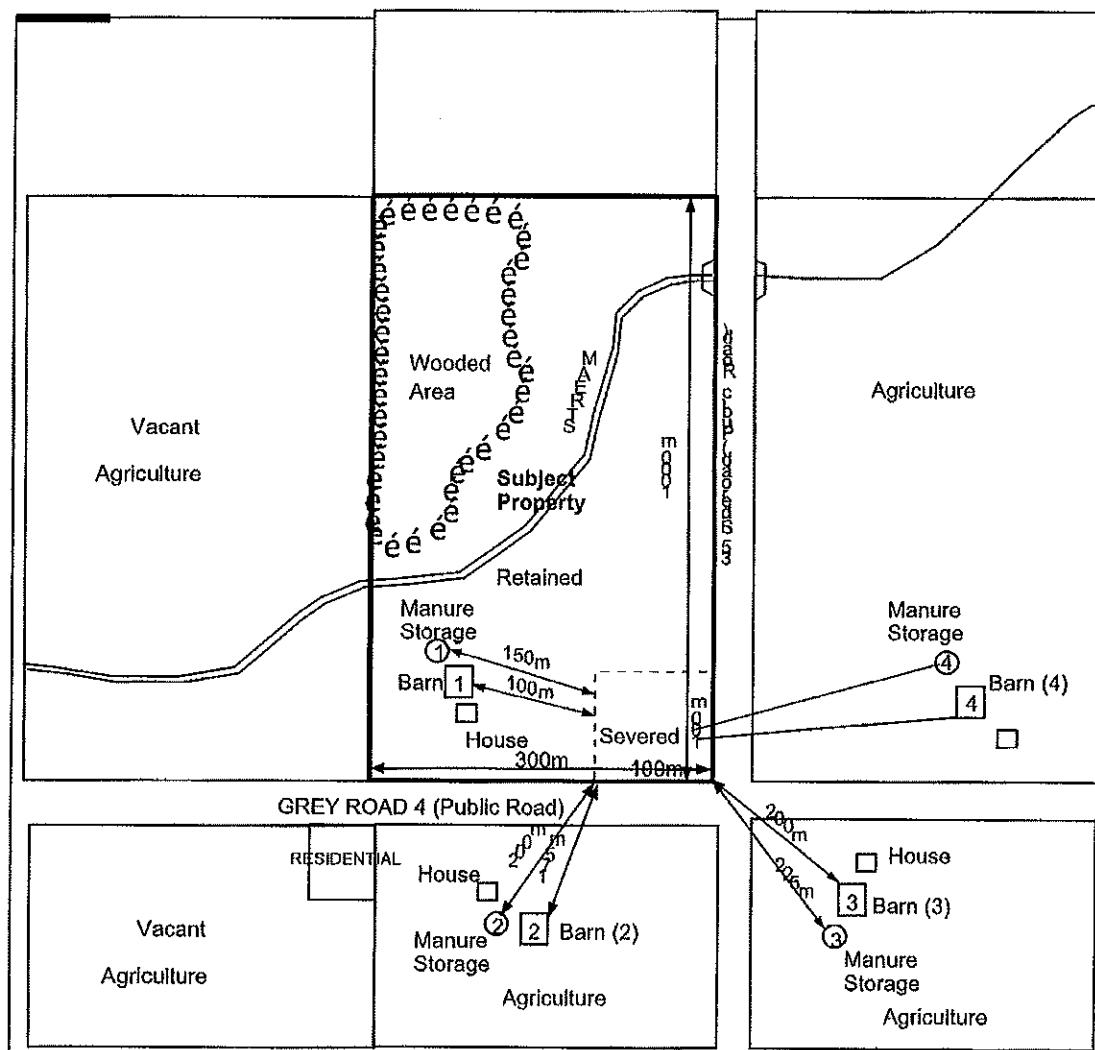
Applicant(s) name in Print

Applicant(s) name in Print

Please return this completed form to:  
Attention: Committee of Adjustment  
Township of Georgian Bluffs  
177964 Grey County Road 18  
Owen Sound, Ontario N4K 5N5



Sample Sketch



**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:

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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.

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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 \_\_\_\_\_