SHIP OF HAME

APPLICATION FOR SITE PLAN APPROVAL

File No. D11/SPA:		
For Office Use Only		

Date Received:	Date Complete:	Fee Paid:
		Cheque #:
		Receipt #

This application for approval under Section 41 of the Planning Act must be <u>fully completed</u> to the satisfaction of the Township of Hamilton, before formal processing of the application will begin. The personal information on this form is collected under the Planning Act, R.S.O. 1990, as amended. The information is used for the purpose of processing the application. If you have any questions about the collection of personal information, please contact the Township Clerk at 905-342-2810.

1. *Registered Owner

1.1.	Name of Owner:				
	Name of Contact:				
	Telephone #:				
	Mailing Address (including postal code):				
	E-mail address:				
1.2.	Name of Agent:				
	Name of Contact:				
	Telephone #:				
	Mailing Address (including postal code):				
	E-mail address:				
1.3.	Holder(s) of any Mortgages, Charges or Encumbrances				
	Name of Contact:				
	Telephone #:				
	Mailing Address (including postal code):				
	E-mail address:				

2.1. Civic address: 2.2. Legal Description: Concession: Lot: Registered Plan of Subdivision: _____ Lot # on Plan: _____ 2.3. 2.4. Reference Plan No.: 39R _____ Part # on Plan: _____ 3. *Land Use Existing Use of Lands: Proposed Land Use Multi-residential Number of Dwelling Units:_____ Commercial/Residential Number of Dwelling Units:_____ Commercial Industrial Institutional Other: Lot Area: _____m² Lot Frontage _____ m Gross Building Area: ______m² Parking Area ______m²

2. *Location and Description of Subject Property

Landscaped Area:	m ²
*Servicing	
Water: Municipal Water	
Communal Water	
Sanitary:	

4.

Septic System

Holding Tank

Year Installed:

Stormwater

Storm Sewers

5. *Source Water Protection Information

5.1. Is the subject property located within a Vulnerable Area as identified by the Ganaraska Source Protection Plan? No If yes, please complete the remainder of Yes Section 5.

Note: Part IV of the Clean Water Act requires the applicant obtain a "Section 59 Notice to Proceed" from a Risk Management Official before an application for an approval under the Planning Act or a building permit can proceed.

5.2. Please identify the Vulnerable Area in which the subject property is located:

Baltimore municipal well system Wellhead Protection Area

Camborne municipal well system Wellhead Protection Area

Port Hope Intake Protection Zone

Cobourg Intake Protection Zone

5.3. Check all activities that may be associated with the proposal:

Fuel Handling and Storage (eg. home heating oil, fuel retail outlets, farm fuel storage)

Chemical Handling and Storage (eg. paints, degreasers, solvents, cleaning agents)

Agricultural Activities (eg. fertilizer use, pesticide use, storage or application of manure, grazing or pasturing of animals)

Stormwater Management (eg. drainage ditches, swales, retention ponds, drainage tiles, piped systems, water treatment, vehicle washing)

Sewage Systems new or enlarged (eg. septic systems, holding tanks, communal sewage systems)

Application, Handling and Storage of Road Salt

Snow Storage

Waste Disposal (eg. Industrial or commercial waste, waste from septic of holding tanks)

Creation of a Transport Pathway (eg. Building foundation, basement, a well, a culvert, underground water of sewer systems, geothermal system, tile drains)

Note: Section 27(3), Ontario Regulation 287/07 require the municipality to notify the Source Protection Authority and Source Protection Committee when a new transport pathway may be created.

5.4. Describe any proposed activities that would be considered a drinking water threat as defined by the Clean Water Act, 2006.

6. Additional Information

Please provide list of reports/supporting materials (attach additional sheets as necessary)

Title	Author/Company	Date

7. Indemnification for Cost Recovery

The undersigned hereby applies to the Mayor and members of Council of the Hamilton Township, under Section 41 of the Planning Act, R.S.O. 1990, as amended, as described in this application, for Site Plan Control. The Owner/Applicant agrees to reimburse and indemnify the Township of all fees and expenses incurred by the Township to process this application. This application processing fee is non-refundable. A Trust Deposit fee of up to \$5,000 (minimum \$3,000) can be required and is used to defray municipal costs related to the application. The Owner/Applicant shall replenish its' Trust Deposit account as required by the Municipality so that a \$1,500 deposit is constantly maintained. Failure to replenish the Trust Deposit account may result in delays in processing the application. Expenses can include, but are not limited to, administrative, technical and planning staff time, advertising fees and disbursement of consultants, engineers, and other technical advisors and legal fees and disbursements on a solicitor-client basis.

The Owner/Applicant agrees to further reimburse and indemnify Hamilton Township of all fees and expenses incurred by the Township attributable to proceedings before the Local Planning Appeal Tribunal (LPAT) or any other court or other administrative tribunal if necessary to defend Council's decision to support the application. This includes a deposit with the Township of such monies as required by Hamilton Township's Tariff of Fees Bylaw, as amended from time to time, to defend appeals brought before the LPAT by parties other than the Owner/Applicant or Township.

8. Authorization

Declaration of Applicant or Authorized Agent

l, of the		of
(name of Applicant/Agent)	(City, To	wn, Village, etc.)
in the	9	_of
(Local Municipality)	(County, Region etc.)	_of (Name of County/Region)
	tiously believing it to be	s application are true and I make this true and knowing that it is of the same of the Canada Evidence Act.
Signature of Applicant		
If the Registered Owner is	a Corporate Body:	
		e the authority to bind the corporation.
(signature of Principal of Cor	mpany)	date

9. Permission to Enter – Consent of	Owner(s)			
I/We,, am/are the Owner(s) of the land that is				
	nd give permission for Municipal Staff to enter onto the cting the land to evaluate the merits of the			
Signature of Owner(s)				
Declared before me at the	this day of			
, 20				
Signature of Commissioner, etc.				

Appointment of Authorized Agent

I,	0	f the		
(Applicant's name)		(City, To	own, Village)	
in	n the		_ of	
(Municipality)	(County	, Region)	(Name of	County/Region)
hereby authorize			of	tc
(Name of Age	nt)		(Address)	
		to act as	s Agent on my t	oehalf regarding
		in		
(Application #, property descrip	tion, etc.)	(Locatio	on)	
in Hamilton Township.				
Signature of Agent				
Signature of Owner				
clared before me at the		this _	day of	
, 20				
	_			