CITY OF SARNIA

Planning & Building Department

Telephone: (519) 332-0330 X3344 Fax: (519) 332-0776 Email: planning@sarnia.ca



255 North Christina Street P.O. Box 3018 Sarnia, Ontario N7T 7N2

City Of Sarnia Plan of Subdivision and/or Condominium Description Application for Approval

NAMES

1.

a)	Name of Applicant and Full Mailir	ng Address:
Phone	e No	Fax No
email a	address	
b)	Name of Applicant's Agent, Planni Mailing Address:	ng Consultant, and/or Consultant Engineer and fu
Phone	e No	Fax No
E-Mail	Address	
c)	Name of Registered Owner(s) of	Subject Land(s) and full Mailing Address:
Phone	• No	Fax No.

	d)	Name of Ontario Land Surveyor and full N	/lailing Address:			
		ne No Fa				
<u>AUTH</u>	IORIZ <i>I</i>	ATION				
		ne draft plan of subdivision application/condo				
		to	make this application on my/our behalf.			
Date		Owner's signature				
<u>LOC</u>	ATION/	//DESCRIPTION OF SUBJECT LANDS PRO	POSED TO BE SUBDIVIDED			
2.	a)	Municipal address (if applicable):				
	b)	Legal Description (Lot/Concession/Regist	ered Plan Numbers):			
3.	Total	al area of land(s) proposed to be subdivided:	hectares			
4.	Description of any adjoining land(s) in the same ownership:					

Easements or restrictive covenants affecting the land(s) proposed to be subdivided describe):						
<u>PLA</u>	NNING INFORMATION FO	OR SITE				
6.	What is the current use	of the subject la	nds?			
7.	Current Official Plan Des	ignation				
8.	Current ZonIng					
9.	Total Area of Lands (in h	nectares)				
10.	Existing Use of Lands					
11.	Will the Plan as propose By-law:	ed require an an	nendment either to the Official Plan and/or Z	oning		
	Yes 🗌	No□				
12.			plication for plan of subdivision, consent to s , zoning amendment or Minister's zoning or			
	Yes□	No	Do Not Know⊡			
	If yes, provide details (fi	le number, decis	sion):			

PROPOSED LAND USE

13. Indicate the intended use of land in the proposal. Please use the following definitions for residential buildings:

Detached Residential: a single detached dwelling unit

Semi-Detached: a residential building containing 2 dwelling units Multiple Attached Residential: a residential building having 3 or more units with

individual access to the street

Apartment Residential: a building having 3 or more dwelling units each with

access to the street via a common corridor

Proposed Use	No. of Units	No. of Lots /Blocks	Hectares	Parking Provided (No. of spaces)	Density Proposed (units/ Hectare)
Detached Residential				N/A	
Semi-Detached Residential				N/A	
Multiple Attached Residential					
Apartment Residential					
Seasonal Residential (cottage or chalet)					
Mobile Home					
Other Residential					
Commercial					
Industrial					
Institutional					
Parks, Open Space	N/A			N/A	N/A
Roads	N/A			N/A	N/A
Other Use					
TOTAL					

14.	Please provide a description of any uses identified as "other residential", "institutional" or "other use."					
<u>Utilit</u>	ies and Services on Adjoining Lands	s: (mark with an "X" if existing)				
15.	Sanitary Sewage					
	(a) Municipal system(b) Individual septic(c) Communal septic(d) Other					
16.	Storm Water Sewage					
	(a) Sewers(b) Ditches(c) Swales(d) Other					
17.	Water Supply					
	(a) Municipal piped water(b) Private well(c) Communal well(d) Lake or other water body(e) Other					
18.	Electric Power					
19	Natural Gas					

Plan of Subdivision and/or Condominium Description Application for Approval <u>Utilities and Services for the Proposed Subdivision:</u> (mark with an "X" if proposed)

20.	Sanitary Sewage	
	(a) Municipal system(b) Individual septic(c) Communal septic(d) Other	
21.	Storm Water Drainage	
	(a) Sewers(b) Ditches(c) Swales(d) Other	
22.	Water Supply	
	(a) Municipal piped water(b) Private well(c) Communal well(d) Lake or other water body(e) Other	
23.	Electric Power	
24.	Natural Gas	
25.	If private services are proposed, ple	ase specify:
26.	Have necessary approvals been obt	tained from the County of Lambton and/or Ministry of ervices?
	Yes	pies of appropriate certificates)
27.	If the Plan would permit developmer operated individual or communal we	nt of 5 or more lots or units on privately owned and ells provide the following:
	(i) a servicing options re(ii) a hydrological report.	

28.		ould permit dev perated individ								
	(i) (ii)	a servicing o			nd					
29.	and operated	vould permit d d individual or d d be produced	commun	al septic	system	ns, and	more th	an 4,50	0 litres o	
	(i) (ii)	a servicing of a hydrologic			nd					
30.	and operated	ould permit dev d individual or o duced per day ical report.	commun	al septic	system	ns and 4	1500 litre	es of eff	fluent or	less
31.	Type of acce	ess to land(s):	(mark wi	ith an "X	(")					
	b) Year- c) Seas	incial highway round municip onal municipal te right-of-way r								
32.	facilities to be	he subject land e used and the nearest public	approxi	•	•		•	_	•	_
33.	Does the sub	oject land conta	ain any a	areas of	archaec	ological	potentia	al?		
	Yes		No□							
34.		If the plan would permit development on land that contains known archaeological resources or areas of archaeological potential provide the following:					sources			
	effect	chaeological a tive with respec urces of Archa	ct to the	subject	land, iss	sued ur	ider Par	t VI (Co	nservati	

Plan of Subdivision and/or Condominium Description Application for Approval

	b)	a conservation plan for any archaeological resources identified in the assessment.
35.		ere any existing buildings on the land(s) proposed to be subdivided? If so, are they to ained, demolished, or otherwise removed?
36.	Is this	an application for approval of a condominium description?
		Yes No If yes, please complete the following
	a)	Indicate the type of condominium to be created
		Common Elements Condominium Phased Condominium Vacant Land Condominium Leasehold Condominium
	b)	Has a site plan been approved for the proposed condominium? Yes No No No No No No No No No N
	c)	Has a building permit been issued for the proposed condominium? Yes□ No□
	d)	Is the proposed condominium presently under construction or has it been completed? Under construction□; Completed□; If completed, Date of completion
	e)	Is the proposed condominium a conversion of a building containing residential rental units? Yes No
		If yes, attach a list showing the following information for <u>each</u> unit: i) whether the unit is occupied or vacant ii) the rent iii) the number of bedrooms
		Total number of units in the building:
	f)	Total number of parking spaces shown on the draft plan for detached and semi-detached residential uses:
37.		Plan consistent with the Provincial Policy Statement issued under subsection 3(1) of anning Act?
		Yes No No

38.	is the	Yes Yes	No⊡	esignated t	inder any P	rovinciai	Pian	(S)?
39.	a)	The proposed subdivision m Please review the policies of studies or reports may be re- order to allow a proper revi- application may be deemed if as set out by the Planning A	carefully to ensequired to be seen. If the new new new new new new new new new ne	sure that the submitted accessary stood the time li	ney are add along with t udies are n	dressed. this appl ot subm	Spe licatio litted,	ecial n in the
	b)	Identify any supporting do application.	ocuments/repo	rts being	submitted	along	with	this
<u>DECI</u>	LARATI	<u>ON</u>						
I,				of the				
above and I	e statem make th	, in the County on the county on the contained in this application is solemn declaration conscier and effect as if made under oat	on and in all of ntiously believir	the exhibiteng it to be tr	s submitted ue and knov	herewith	n are t it is of	true,
			SIGNATURE	OF OWN	ER OR AG	ENT		
			(to be signed Oaths)	I in the pre	sence of a	Commis	sione	er of
Decla	ared bef	ore me at the	of					_ in
the C	ounty of	<u> </u>	, this	day of _			, 2	
COM	MISSIO	NER. etc.						

CITY OF SARNIA FEE SCHEDULE	
Application for Subdivision (10 or more units)	\$7,750.00
Application for Subdivision (5 - 9 units)	\$6,625.00
Application for Condominium	\$7,750.00
Application for Condominium Conversion	\$2,800.00
The fee payable by cash, debit or cheque payable to: "The Corporation of must accompany each application before it can be processed.	of the City of Sarnia"
ST. CLAIR REGION CONSERVATION AUTHORITY FEE SCHEDULE	
a) 2-4 Units \$500.00 b) 5-15 Units \$1,000.00 c) >16 Units \$2,500.00	
Please make cheque payable to: St. Clair Region Conservation Authority	
THIS SECTION TO BE COMPLETED BY STAFF	
Application Received by the Planning and Building Department for Review:	
DATE:SIGNATURE OF PLANNER:	
Application Accepted as Complete:	
This, 2,	·
Director of Planning and Building	
	Revised January, 2019