

Application No. _____

**FORM 1
PLANNING ACT
APPLICATION FOR OFFICIAL PLAN AMENDMENT
TOWN OF ESSEX**

1. Name of approval authority Ministry of Municipal Affairs and Housing

2. Date application received by municipality _____

3. Date application deemed complete by municipality _____

4. Name of registered owner _____

Telephone number _____

Address _____

Name of registered owner's solicitor
or authorized agent (if any) _____

Telephone number _____

Address _____

Please specify to whom all communications should be sent:

registered owner solicitor agent

5. Location and description of subject land:

Municipality _____

Concession No. _____ Lot(s) No. _____

Registered Plan No. _____ Lot(s) No. _____

Reference Plan No. _____ Part(s) No. _____

Street Address _____ Assessment Roll No. _____

6. Existing Size of Subject Parcel:

Frontage _____ Depth _____ Area _____

7. Current use of subject land _____

8. Proposed change to Official Plan Land Use designation affecting subject land:

Current Official Plan designation _____

Current land use(s) permitted _____

Proposed Official Plan designation _____

Proposed land use(s) permitted _____

Note: If a change in land use designation is proposed, the applicant is to provide a copy of the Map Schedule from the Official Plan with the proposed change and accompanying text indicated thereon.

9. Proposed change to Official Plan land use policy affecting subject land:

Existing land use policy to be deleted or amended _____

Land use policy to be added _____

Purpose of new or amended land use policy _____

New land uses permitted by change in land use policy _____

Text of proposed land use policy change being applied for _____

(use a separate sheet of paper if necessary)

10. Current land use of abutting property:

North _____

South _____

East _____

West _____

11. Type of water supply:

- municipally owned and operated piped water supply
- well
- Other (specify) _____

12. Type of sanitary sewage disposal:

- municipally owned and operated sanitary sewers
- septic system
- Other (specify) _____

13. Type of storm drainage:

- sewers
- ditches
- swales
- Other (specify) _____

14. Please indicate whether the subject land or any land within 120 metres of the subject land is the subject of an application made by the applicant for approval of one of the following:

- an official plan amendment
- a zoning by-law amendment
- a Minister's zoning order amendment
- a minor variance
- a plan of subdivision
- a consent
- a site plan

If known, please provide the following with respect to the application(s):

File number _____

Name of the approval authority _____

Lands affected _____

Purpose _____

Status _____

Effect on the amendment proposed by this application _____

Dated at the _____ of _____ this _____ day of _____, 20_____.

(signature of applicant, solicitor or authorized agent)

I, _____ of the _____ in the County/District/Regional Municipality of _____ solemnly declare that all the statements contained in this application are true, and I 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 _____ in the _____ of _____ this _____ day of _____, 20_____.

A Commissioner, etc.