



Application Number: _____

Application for Official Plan Amendment

Town of Essex

1. Name of approval authority County of Essex

2. Date application received by municipality _____

3. Date application deemed complete by municipality _____

3. Name of Registered Owner _____

Telephone number _____

Address _____

Email _____

Name of Registered Owner's Solicitor
or Authorized Agent (if any) _____

Telephone number _____

Address _____

Email _____

Please specify to whom all communications should be sent:

- Registered Owner
- Solicitor
- Agent

5. Location and description of subject land:

Municipality _____

Concession No. _____ Lot No(s). _____

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

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

Street Address _____

Assessment Roll Number(s). _____

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 proposed 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 requested for _____

(use a separate sheet of paper if necessary)

10. Current land use of abutting properties:

To the North _____

To the South _____

To the East _____

To the 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 (400 feet) of the subject land is the subject of an application made by the applicant for approval of one of the following:

- Official Plan Amendment
- Zoning By-law Amendment
- Minor Variance
- Plan of Subdivision
- Consent
- Site Plan Approval

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

File number(s): _____

Name of the approval authority: _____

Lands affected: _____

Purpose of Application(s): _____

Status of Application(s): _____

Effect on the amendment proposed by this application _____

Dated at the _____ of _____ this _____ day of _____

20_____.

(signature of Applicant, Solicitor or Authorized Agent)

I/We _____ 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.

Personal information, as defined by the Municipal Freedom of Information and
Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal
Act, 2001, and in accordance with MFIPPA and all other relevant legislation.

Questions regarding the collection, use and disclosure of the personal information
may be directed to the Clerk of the Town of Essex.