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Office Use Only	Submission Date: <i>June 4th/2024</i>
File Number: <i>LD 07/2024</i>	Deemed Complete Date:
Municipality: <i>Uxbridge</i>	Meeting Date:

**Checklist for submitting an
Application for Consent**

Incomplete applications and/or surveys will not be accepted and will be returned

- Have you completed a pre-consultation review with the Township of Uxbridge? If not, please contact the Township of Uxbridge Development Services Department.
- Have you answered all questions in the application form?
- Have you completed and attached the Site Screening Questionnaire? See attachment 1.
- Is Minimum Distance Separation (MDS) applicable to the subject property? See attachment 2.
- Has the Declaration page been signed by the applicant and commissioned by a Commissioner of Oaths? If not, please contact the Township of Uxbridge Development Services Department
- Have you completed and included the applicable Location Map? If you require a copy please contact Land Division staff to request same.
- If you are acting as agent, have you enclosed 2 original signed copies of the Authorization from Owner? See attachment 3.
- Have you included the requisite copies of the draft 40R-Plan? See instructions on page 2.
- Have you included all of the requisite application and agency fees? If you are unsure as to the fees payable please contact Development Services Department
- Have you included 2 original copies of the Application form?
- Have you attached all applicable supporting documents (reports/studies)?



Township of Uxbridge Application for Consent

AS PER THE PLANNING ACT, AS AMENDED, THE MUNICIPAL ACT 2001, AS AMENDED AND
IN ACCORDANCE WITH THE PROVINCIAL REGULATIONS

Instructions to applicant, please read carefully before completing the application.

- A. Separate applications with applicable fees are to be submitted for each consent transaction. To make an application, complete and file two (2) signed original application forms together with all supporting documents, new draft 40R-Plan depicting the severed and retained lands (together with detailed sketch where required) and applicable fees. Submit two (2) copies of the draft 40R-Plan ("8 ½" x 11" or 8 ½" x 14") in size or twenty (20) copies if 11" x 17" or larger.

Note to applicant: All questions in the application must be completed in full otherwise the application will be deemed incomplete and returned to you.

B. **In accordance with By-law 2024-028 the following application processing fees apply at submission:**

- \$3,085.00 for each application submitted (payable to the Township of Uxbridge);
- \$500.00 Regional Planning Review fee for each application submitted
- **Prior to submitting your application you must contact the Township of Uxbridge Planning Department for other current agency user fees applicable to your consent application(s) at (905) 905-852-9181**

In accordance with Bylaw 2024-028, the following application fees may also apply after submission:

- \$1,030.00 to be associated with Deed Package Review and Stamping

C. The undersigned hereby applies to the **Township of Uxbridge** under the Planning Act, as amended, for consent to the transaction as described, and to the extent set forth in this application.

D. All completed applications, communications, clearances/fulfilment of conditions and requests for Certificates etc. related to applications for consent (severance), (as well as change of conditions, validation of title and approval of foreclosure or power of sale) under the Planning Act must be filed directly with the Durham Region Land Division Office.

E. Please note the application together with any and all documents related thereto are a public record and as such are available for viewing or duplication by the general public upon request.

1. Applicant Information

An owner of land or the owner's agent, duly authorized in writing, may apply for consent. Complete the information below (please print legibly using black ink):

Owner #1:

Owner #2:

Name: WSC CORPORATION _____
Address: 2320 CONCESSION 4 _____
City/Postal Code: GOODWOOD L0C1A0 _____
Phone/Fax: _____
Email: _____

Authorized Agent:

Primary Contact:

Name: Kenneth MAY _____
Mailing Address: 370 Webb Road _____
City/Postal Code: GOODWOOD L0C1A0 _____
Phone/Fax: 406-801-8255 _____
Email: Ken44938@gmail.com _____

2. Type of Transaction: Indicate transaction for which application for consent is being made:
Conveyance: Please select only **one (1)** of the following:

- a) Creation of new lot
Are you requesting a Certificate Stamp for both the severed and retained lands?
 Yes No

Please note that if you answered "Yes", an **additional** Certificate Stamping Fee of \$1000 is required for the retained lands.

- b) Addition to a lot - moving/adjusting lot line

(indicate direction to which the severed parcel will be added):

- North South East West

Note: For Lot Line Adjustments only, please also complete the section below:

Name, address and phone number of person(s) to whom the land is intended to be transferred.

Name: BRADLEY SCOTT MAY
Mailing Address: 370 Webb Road, Goodwood, ONTARIO L0C1A0
Phone/Fax: 647-991-2410

Assessment Roll Number of adjacent property: 18- 2901000406250 (15 digits total)

Other transaction types – **see page #4**

Other transaction type (please select if applicable):

c) Easement/Right-of-Way (Identify the benefitting lands - North/East/South/West)

d) Lease

e) Correction of Title

f) Mortgage or Charge

g) Partial Discharge of Mortgage

h) Other e.g. Validation of Title, Approval for Power of Sale/Foreclosure of Mortgage

CON 3 PT LOTS 6 TO 9 RP 40R6553
PARTS 1 TO 3 RP 40R12254 PART 1 RP
40R14205 PARTS 1 AND 2 RP 40R14206
PART 2 RP 40R14207 PART 1 RP
40R19370 PARTS 1 TO 3 RP 40R22245
PART 1

3. Property Information of subject lands: Mandatory Completion

Legal Description including Lot & Concession PART LOTS 6-9 Concession 3

List part numbers on draft or registered 40R-Plan See Above

Do the parts of the severance application form the entirety of the lot/parcel? Yes No

Municipal address, if available 2320 Concession 4, GOODWOOD LOCAL

Assessment Roll Number (Mandatory): 18- 2901000405200
(15 digits total)

4. Existing easements/rights-of-way or covenants:

Yes No

If Yes, please describe below in detail:

Describe Existing Easement	Severed Lands	Retained Lands

5. Dimensions of Lands in Metric Units (must accurately match dimensions noted on draft 40-R Plan)

	Severed/Servient Lands - Part #:	Retained Lands - Part #:
Frontage	51.57 m	
Average Width	45.32 m	
Average Depth	98.21	
Total Area (m2)	4446.4 sq. m.	17.962 HA = 17,962,000 sqm

6. Use of Land (check which designation applies)

	Severed Lands		Retained Lands	
	Existing	Proposed	Existing	Proposed
Urban Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tourist Recreational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agricultural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institutional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamlet/Cluster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Farm Related Rural Residential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farm-Related Rural Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: GOLF COURSE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
List the number and type of existing and proposed buildings and structures on the lands	Small Shed	Single Family Residence	CLUB HOUSE Maintenance Building	

7. Agricultural Information

Agricultural Code of Practise – Minimum Distance Separation (MDS)

Is there a livestock barn or manure storage facility located within 1000 metres of the Severed Land?

Yes No

If Yes, please complete the attached DATA Sheet – MDS – Attachment 2

Is the purpose of the severance to dispose of a surplus dwelling? Yes No

Date of purchase of total holdings: _____

Details of farm operation: _____

Site Screening Questionnaire – In accordance with the Region’s Council adopted Site Contamination Protocol all Land Division Committee applications must be accompanied by either a completed Site Screening Questionnaire (SSQ), or a Phase One Environmental Site Assessment Report, prepared in accordance with Ontario Regulation 153/04, as amended. The Region’s SSQ can be found in Attachment 1 to this application. For new lots, the SSQ must be signed by a Qualified Person

8. **Has there ever been an application for consent by the current or previous owners on this parcel of land?**

Yes No

LD File Number(s): _____

For what use? _____

Date of transfer, name of transferee and land use: _____

9. **Has the parcel to be severed or retained ever been or Is It part of an application for plan of subdivision?**

Yes No

If Yes, specify date and File No.: _____

Status of File: _____

10. **Has the subject or retained land ever been the subject of a variance, zoning amendment, Minister's zoning order amendment or official plan amendment application?**

Yes No

If Yes, specify date and File No.: _____

Status of File: _____

11. **Durham Regional Official Plan Designation (Please contact Regional Planning and Economic Development Department staff for this information)**

Severed Land: ORM

Retained Land: ORM

12. **Is the application consistent with the Provincial Policy Statement?**

Yes No

13. Is the subject land within an area of land designated under the Oak Ridges Moraine Conservation Plan? (Please contact the Regional Planning and Economic Development Department staff for this information)

Yes No

If Yes, please specify whether the application conforms to or does not conflict with the Oak Ridges Moraine Conservation Plan:

ORM NATURAL CORE

14. Is the subject land within the Greenbelt Area? (Please contact the Regional Planning and Economic Development Department staff for this information)

Yes No

If Yes, please specify whether the application conforms to or does not conflict with the Greenbelt Plan:

15. Please specify whether the application conforms to or does not conflict with the Growth Plan for the Greater Golden Horseshoe:

Yes

16. Is the subject land within an area of land designated under the Lake Simcoe Protection Plan? (Please contact the Regional Planning and Economic Development Department staff for this information)

No. (TRCA)

17. Local zoning information (Please contact the local municipality for this information)

	Severed Land	Retained Land
Municipal Official Plan Designation:		ORM (Nest Core)
Zoning Regulations:		
a) By-law Number	81-19	81-19
b) Zoning Category	OS-9 Rural open space	Rural open space
c) Minimum Frontage		200m
d) Minimum Area		40ha

18. Services existing and proposed:

	Severed Land		Retained Land	
	Existing	Proposed	Existing	Proposed
a) Public Water and Sewers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Public Water and Private Sewage System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Public Sewer and Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Well and Private Sewage System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Other: Communal, Lake Water, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If proposed, specify when above will be available: _____

If a private sewage system exists on the proposed severed or retained lands, please provide the following details: _____

Severed lands: Installation date: _____ Health Dept. File Number: _____

Retained lands: Installation date: _____ Health Dept. File Number: _____

If applicable, please provide a separate site servicing plan with the application.

19. Property Frontage:	Severed Land	Retained Land
a) Open Municipal Road	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Regional Road	<input type="checkbox"/>	<input type="checkbox"/>
c) Provincial Highway	<input type="checkbox"/>	<input type="checkbox"/>
d) Unopened Road Allowance	<input type="checkbox"/>	<input type="checkbox"/>
e) ROW	<input type="checkbox"/>	<input type="checkbox"/>
f) Other:	<input type="checkbox"/>	<input type="checkbox"/>
State name of Road(s)		

Is access by water?

Yes No

If Yes, what boat docking and parking facilities are available? _____

Distance of docking and parking facilities from nearest public road and from subject property:



TOWNSHIP OF UXBRIDGE DECLARATION

Township of Uxbridge
Development Services Department
51 Toronto Street South
Uxbridge, on L9P 1T1
Tel: 905-852-9181
website: www.uxbridge.ca

AGENT

THIS DECLARATION MUST BE COMPLETED BY THE AGENT AND SIGNED IN THE PRESENCE OF A COMMISSIONER FOR TAKING AFFIDAVITS

I/We Kenneth May of the Township of Uxbridge
(name of applicant) (name of City, Town, Township etc.)

In the Region/County/District of Durham solemnly declare that all of the statements contained in the application for consent and all supporting documents are true and complete, 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:

Township of Uxbridge in the Region/County/District of
Durham this 4th day of
June, in the year 2024.

[Signature]
Owner/Agent

[Signature]
Commissioner of Oaths

Jennifer Lynn Beer, a Commissioner etc.,
Province of Ontario,
for the Corporation of the
Township of Uxbridge
Expires November 21, 2026

This application must be submitted to:

Township of Uxbridge
Development Services Department
51 Toronto Street South
Uxbridge, on L9P 1T1
Tel: 905-852-9181

PLEASE ATTACH APPLICABLE LOCATION MAP IDENTIFYING LOCATION OF SUBJECT LANDS



Attachment #3

Authorization of Agent

This must be completed if an agent is to be authorized to submit the application and to represent the Owner. This form must be signed by the Owner.

Address of Subject Property: 2320 Concession 4, Uxbridge

Name of Registered Owner(s): WSC CORPORATION

Application for Consent (list transaction type): Adjusting Lot Line

As of the date of this application, I am the Registered Owner of the lands described in this application, and I have examined the contents of this application and hereby certify that the information submitted with the application is correct insofar as I have knowledge of these facts, and I authorize the submission of this application on my behalf.

Kenneth MAY
Name of Authorized Agent

Res: [Signature]
Signature of Owner
WSC Corporation

APRIL 17, 2024
Date

Signature of Owner