

MINOR VARIANCE

File Number	<u>ANPL20 14109</u>	Application Fee	<u>✓</u>
Related File Number		Conservation Authority Fee	<u>N/A</u>
Pre-consultation Meeting On	<u>June 3/14</u>	OSSD Form Provided	<u>June 4, 2014</u>
Application Submitted On	<u>June 3/14</u>	Sign Issued	
Complete Application On	<u>June 6/14</u>		

This development application must be typed or printed in ink and completed in full. An incomplete or improperly prepared application may not be accepted and could result in processing delays.

Property assessment roll number: (3310-)542.020.13700.0000

The undersigned hereby applies to the Committee of Adjustment under Section 45 of the *Planning Act*, R.S.O. 1990, c. P. 13, for relief as described in this application from by-law no. _____

A. APPLICANT INFORMATION

Name of Applicant ¹	<u>OLSZOWKA POULTRY INC.</u>	Phone #	<u>(519) 428-5266</u>
Address	<u>RR #4</u>	Fax #	<u>(519) 428-8085</u>
Town / Postal Code	<u>SIMCOE N3Y-4K3</u>	E-mail	<u>DHOLSZOWKA@XPLORNET.CA</u>

¹ If the applicant is a numbered company provide the name of a principal of the company.

Name of Agent	<u>C/O DAVID OLSZOWKA</u>	Phone #	<u>" "</u>
Address	<u>" "</u>	Fax #	<u>" "</u>
Town / Postal Code	<u>" SAME "</u>	E-mail	<u>" "</u>

Name of Owner ²		Phone #	
Address		Fax #	
Town / Postal Code		E-mail	

² It is the responsibility of the owner or applicant to notify the Planner of any changes in ownership within 30 days of such a change.

Please specify to whom all communications should be sent³: ☒ Applicant ☐ Agent ☐ Owner

³ Unless otherwise directed, all correspondence, notices, etc., in respect of this development application will be forwarded to the Applicant noted above, except where an Agent is employed, then such will be forwarded to the Applicant and Agent.

Names and addresses of any holders of any mortgagees, charges or other encumbrances on the subject lands:

4-421 QUEENSWAY W
FARM CREDIT SIMCOE ONTARIO N3Y-2N4
XCONTACT → KEVIN VANACKER (519) 426-3312

B. LOCATION/LEGAL DESCRIPTION OF SUBJECT LANDS

Geographic Township	<u>DELHI</u>	Urban Area or Hamlet	<u>WYECOMBE</u>
Concession Number	<u>13</u>	Lot Number(s)	<u>16</u>
Registered Plan Number		Lot(s) or Block Number(s)	
Reference Plan Number		Part Number(s)	
Frontage (metres/feet)		Depth (metres/feet)	
Width (metres/feet)		Lot area (m ² / ft ² or hectares/acres)	<u>100 ACRES</u>
Municipal Civic Address			

Are there any easements or restrictive covenants affecting the subject lands?

☐ Yes
 ☒ No

If yes, describe the easement or covenant and its effect:

C. PURPOSE OF DEVELOPMENT APPLICATION

Please explain what you propose to do on the subject lands/premises which makes this development application necessary (if additional space is required, please attach a separate sheet):

BUILD A PACK BARN FOR GINSENG. / STORAGE

Please explain the nature and extent of the amendment requested (assistance is available):

NEED TO BE CLOSER TO ^{ROAD} BY APPROXIMATELY
29' FEET.

Please explain why it is not possible to comply with the provision of the zoning by-law:

USING LAND WHERE OLD STICK KILNS WERE
AND NEW BULK KILNS ARE NOW LOCATED.
NEED TO BE NEAR BULK KILNS.

D. PROPERTY INFORMATION

Present official plan designation(s):

Present zoning:

AGRICULTURE

Is there a site specific zone on the subject lands?

Please describe **all existing** buildings or structures on the subject lands and whether they are to be retained, demolished or removed. If retaining the buildings or structures, please describe the type of buildings or structures, and illustrate the setback, in metric units, from front, rear and side lot lines, ground floor area, gross floor area, lot coverage, number of storeys, width, length, height, etc. on your attached sketch which must be included with your application:

SEE SURVEY.

If known, the date existing buildings or structures were constructed on the subject lands:

If an addition to an existing building is being proposed, please explain what will it be used for (e.g. bedroom, kitchen, bathroom, etc.). If new fixtures are proposed, please describe.

Please describe **all proposed** buildings or structures/additions on the subject lands. Describe the type of buildings or structures/additions, and illustrate the setback, in metric units, from front, rear and side lot lines, ground floor area, gross floor area, lot coverage, number of storeys, width, length, height, etc. on your attached sketch which must be included with your application:

SEE SURVEY AND DRAWINGS.

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If known, the date the proposed buildings or structures will be constructed on the subject lands:

JUNE 25 / 2014

Are any existing buildings on the subject lands designated under the *Ontario Heritage Act* as being architecturally and/or historically significant?

☐ Yes ☒ No

If yes, identify and provide details of the building:

The date the subject lands was acquired by the current owner:

APRIL 2004.

Present use of the subject lands:

GINSENG / CORN + BEANS

If known, the length of time the existing uses have continued on the subject lands:

10 YEARS

Existing use of abutting properties:

TOBACCO; CORN, BEANS, RESIDENTIAL

E. PREVIOUS USE OF THE PROPERTY

Has there been an industrial or commercial use on the subject lands or adjacent lands?

☐ Yes ☒ No ☐ Unknown

If yes, specify the uses:

Has the grading of the subject lands been changed through excavation or the addition of earth or other material?

☒ Yes ☐ No ☐ Unknown (POND SOIL)

Has a gas station been located on the subject lands or adjacent lands at any time?

☐ Yes ☒ No ☐ Unknown

Has there been petroleum or other fuel stored on the subject lands or adjacent lands at any time?

☒ Yes ☐ No ☐ Unknown

Is there reason to believe the subject lands may have been contaminated by former uses on the site or adjacent sites?

☐ Yes ☒ No ☐ Unknown

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Provide the information you used to determine the answers to the above questions:

HAVE DIESEL TANK BEHIND HIP ROOF BARN.
BROUGHT POND SOIL IN TO LEVEL GRADE.

If you answered yes to any of the above questions, a previous use inventory showing all known former uses of the subject lands, or if appropriate, the adjacent lands, is needed.

Is the previous use inventory attached?

PREVIOUSLY A TOBACCO FARM.

☐ Yes

☒ No

F. STATUS OF OTHER PLANNING DEVELOPMENT APPLICATIONS

Has the subject land or land within 120 metres of it been or is now the subject of an application under the *Planning Act, R.S.O. 1990, c. P. 13* for:

1. a minor variance or a consent;
2. an amendment to an official plan, a zoning by-law or a Minister's zoning order; or
3. approval of a plan of subdivision or a site plan?

☐ Yes

☒ No

☐ Unknown

If yes, indicate the following information about **each application**:

File number:

Land it affects:

Purpose:

Status/decision:

Effect on the requested amendment:

If additional space is required, please attach a separate sheet.

Is the above information for other planning developments applications attached?

☐ Yes

☐ No

G. PROVINCIAL POLICY

Is the requested amendment consistent with the provincial policy statements issued under subsection 3(1) of the *Planning Act, R.S.O. 1990, c. P. 13*?

☒ Yes

☐ No

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If no, please explain:

Are the subject lands within an area of land designated under any provincial plan or plans?

☐ Yes ☒ No

If yes, does the requested amendment conform to or does not conflict with the provincial plan or plans:

Are any of the following uses or features on the subject lands or within 500 metres (1,640 feet) of the subject lands, unless otherwise specified? Please check the appropriate boxes, if any apply.

Use or Feature	On the Subject Lands		Within 500 Metres (1,640 feet) of Subject Lands (Indicate Distance)	
Livestock facility or stockyard (if yes, complete Form 3 – available upon request)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ____ distance
Wooded area	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ____ distance
Municipal landfill	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ____ distance
Sewage treatment plant or waste stabilization plant	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ____ distance
Provincially significant wetland (class 1, 2 or 3) or other environmental feature	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ____ distance
Floodplain	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ____ distance
Rehabilitated mine site	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ____ distance
Non-operating mine site within one kilometre	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ____ distance
Active mine site within one kilometre	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ____ distance
Industrial or commercial use (specify the use(s))	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ____ distance
Active railway line	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ____ distance
Seasonal wetness of lands	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ____ distance
Erosion	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ____ distance
Abandoned gas wells	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No ____ distance

H. SERVICING AND ACCESS

Indicate what services are available or proposed:

Water Supply

- ☐ Municipal piped water
☐ Communal wells
☒ Individual wells
☐ Other (describe below)

Sewage Treatment

- ☐ Municipal sewers
☐ Communal system
☒ Septic tank and tile bed
☐ Other (describe below)

Storm Drainage

- ☐ Storm sewers
☒ Open ditches
☐ Other (describe below)

If other, describe:

Have you consulted with Public Works & Environmental Services concerning stormwater management?

☐ Yes ☒ No

MINOR VARIANCE

Has the existing drainage on the subject lands been altered?

☐ Yes ☒ No

Does a legal and adequate outlet for storm drainage exist?

☒ Yes ☐ No ☐ Unknown

Existing or proposed access to subject lands:

☐ Unopened road ☐ Provincial highway
☒ Municipal road ☐ Other (describe below)

If other, describe:

Name of road/street:

REGIONAL ROAD 21

I. OTHER INFORMATION

Is there a time limit that affects the processing of this development application?

☒ Yes ☐ No

If yes, describe:

NEED PACK BARN FOR GINSENG THIS FALL.

Is there any other information that you think may be useful in the review of this development application? If so, explain below or attach on a separate page.

GINSENG CAN ONLY BE GROWN ONCE ON SANDY LOAMY FARM LAND. WITH LAND PRICES UP BETWEEN \$10,000.00 TO \$15,000.00 AN ACRE IT IS IMPORTANT TO NOT WASTE ANY GOOD GINSENG GROUND. WITH THIS IN MIND I PLACED 6 NEW BULK KILNS WHERE 9 OLD STICK KILNS WERE BECAUSE THIS LAND WOULD NOT BE SUITABLE FOR GROWING GOOD GINSENG.

I NEED THE NEW GINSENG PACK BARN TO BE CLOSE TO MY BULK KILNS AND ON THE LAND NOT SUITABLE FOR GROWING GINSENG, WHERE THE 9 OLD STICK KILNS WERE.



Working together with our community
to provide quality services.

Evaluation Form for Existing On-Site Sewage Systems

Date: July 2009

OFFICE USE ONLY		FILE NO.	DATE RECEIVED
PROPERTY INFORMATION		Municipal Address: <u>1230 Norfolk County Rd 21</u>	
Owner: <u>DAVE OLSZOWKA</u>		Lot: <u>PT LT 16</u>	Concession: <u>13</u>
Lot Area: <u>100 Acres</u>	Lot Frontage: <u>300m</u>	Assessment Roll No. <u>542.020.13700.0000</u>	
PURPOSE OF EVALUATION	<input type="checkbox"/> Consent <input checked="" type="checkbox"/> Minor Variance <input type="checkbox"/> Site Plan <input type="checkbox"/> Zoning <input type="checkbox"/> Other _____		
	BUILDING INFORMATION		
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Agricultural		Building Area: _____ No. of Bedrooms: <u>N/A</u> No. of Fixture Units: <u>N/A</u> Is the building currently occupied? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If No, how long? _____	
EVALUATOR'S INFORMATION	Evaluator's Name: <u>SCOTT DARLINGTON</u>		Company Name: <u>DARLINGTON WIRING + PLS LTD.</u>
Address: <u>RR# 1 Delhi</u>	Postal Code: <u>N4B 2W4</u>		Phone: <u>519-875-2571</u>
Email: <u>scott@darlingtonwp.com</u>	BCIN # <u>15833</u>		
SITE EVALUATION	Ground Cover (trees, bushes, grass, impermeable surface): <u>grass</u>		Soil Type: <u>Sand</u>
Site Slope: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Moderate <input type="checkbox"/> Steep		Soil Conditions: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry	Depth of Water Table: <u>40</u> ft.
Surface Discharge Observed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Odour Detected: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Current Weather (at time of evaluation): <u>Sunny 22°C</u>
SYSTEM EVALUATION	Class of System: <input type="checkbox"/> 1 (Privy) <input type="checkbox"/> 2 (Greywater) <input type="checkbox"/> 3 (Cesspool) <input checked="" type="checkbox"/> 4 (Leaching Bed) <input type="checkbox"/> 5 (Holding Tank)		
Tank: <input checked="" type="checkbox"/> Pre-cast <input type="checkbox"/> Plastic <input type="checkbox"/> Fibre Glass <input type="checkbox"/> Wood <input type="checkbox"/> Other _____		Size: <u>800</u> Gal.	Pump: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Distribution System: Area: <input checked="" type="checkbox"/> Trench Bed <input type="checkbox"/> Filter Medium		No. of Tile Runs: <u>5</u>	Total Length of Tile: <u>300'</u>
Tile Material: <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Clay <input type="checkbox"/> Other _____		Ends: <input checked="" type="checkbox"/> Capped <input type="checkbox"/> Joined	Distance Between Tile Runs: <u>6'</u>
Cover: <input type="checkbox"/> Filter Cloth <input type="checkbox"/> Sand <input checked="" type="checkbox"/> Top Soil <input type="checkbox"/> Seeded			
Setbacks:		Tank	
Distance to Buildings & Structures (ft)		<u>7'</u>	
Distance to Bodies of Water (ft)		<u>N/A</u>	
Distance to Nearest Well (ft)		<u>85'</u>	
Distance to Proposed Property Lines		Front <u>65'</u> Rear <u>2100'</u> Side <u>2100'</u> Side <u>2100'</u>	
		Distribution Pipe	
Distance to Buildings & Structures (ft)		<u>20'</u>	
Distance to Bodies of Water (ft)		<u>N/A</u>	
Distance to Nearest Well (ft)		<u>128'</u>	
Distance to Proposed Property Lines		Front <u>25'</u> Rear <u>2100'</u> Side <u>2100'</u> Side <u>2100'</u>	

greater than 100' from all sides
except front (farm)

OVERALL SYSTEM RATING

- ☒ System Working Properly / No Work Required
- ☐ System Functioning / Maintenance Required
- ☐ System Not Functioning / Minor Repair Required
- ☐ System Failure/Major Repair / Replacement Required

Note:

Any repair/replacement of an on site sewage system requires a building permit. Contact the Norfolk County Building Division at (519) 426-4377 for more information.

Additional Comments:

VERIFICATION**OWNER:**

The owner is responsible for having a site evaluation conducted of the above mentioned property. Neither the evaluation nor the approval thereof shall in any way exempt the owner(s) from complying with the Ontario Building Code or any other applicable law.

I, DAVID OLSZOWKA (the owner of the subject property) hereby authorize the above mentioned evaluator to act on my behalf with respect to all matters pertaining to the existing on-site sewage system evaluation.

Owner Signature

Date

JUNE 4 / 14

EVALUATOR:

1. I, SCOTT DARLINGTON declare that this site evaluation is accurate as of the date of inspection. No determination of future performance can be made due to unknown conditions, future water usage over the life of the system, abuse of the system and/or inadequate maintenance, all of which may adversely affect the life of the system. This evaluation does not grant or imply any guarantee or warranty of the future performance of the sewage system. The undersigned takes no responsibility for the accuracy of existing or proposed property lines, whether measured or implied.

Evaluator Signature

Date

JUNE 4 / 2014

BUILDING DIVISION COMMENTS

Comments:

I, _____ have reviewed the information contained in this form as submitted.

Chief Building Official or designate

Date

Revised: March 24, 2012



Evaluation Form for Existing On-Site Sewage Systems

Date: July 2009

OFFICE USE ONLY		FILE No.:	DATE RECEIVED:
PROPERTY INFORMATION		Municipal Address: 1230 Norfolk County Rd 21	
Owner: Dave Olszowka		Lot: PT. LT. 16	Concession: 13
Lot Area: 100 Acres	Lot Frontage: 300m	Assessment Roll No. 542.020.13700.0000	
PURPOSE OF EVALUATION	<input type="checkbox"/> Consent <input checked="" type="checkbox"/> Minor Variance <input type="checkbox"/> Site Plan <input type="checkbox"/> Zoning <input type="checkbox"/> Other _____		
BUILDING INFORMATION	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Agricultural		
Building Area:	No. of Bedrooms: N/A	No. of Fixture Units: N/A	Is the building currently occupied? Yes / <input checked="" type="radio"/> No If No, how long?
EVALUATOR'S INFORMATION	Evaluator's Name: SCOTT DARLINGTON		Company Name: DARLINGTON WIRING + PLB6 LTD.
Address: RR# 1 Delhi	Postal Code: N4B 2W4		Phone: 519 875-2571
Email: scott@darlingtonwp.com	BCIN # 15833		
SITE EVALUATION	Ground Cover (trees, bushes, grass, impermeable surface): lawn		Soil Type: Sand
Site Slope: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Moderate <input type="checkbox"/> Steep	Soil Conditions: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry	Depth of Water Table: 40 ft.	
Surface Discharge Observed: Yes <input checked="" type="radio"/> No <input type="radio"/>	Odour Detected: Yes <input checked="" type="radio"/> No <input type="radio"/>	Current Weather (at time of evaluation): Sunny 22°C	
SYSTEM EVALUATION	Class of System: <input type="checkbox"/> 1 (Privy) <input type="checkbox"/> 2 (Greywater) <input type="checkbox"/> 3 (Cesspool) <input checked="" type="checkbox"/> 4 (Leaching Bed) <input type="checkbox"/> 5 (Holding Tank)		
Tank: <input checked="" type="checkbox"/> Pre-cast <input type="checkbox"/> Plastic <input type="checkbox"/> Fibre Glass <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	Size: 800 Gal.		Pump: Yes <input checked="" type="radio"/> No <input type="radio"/>
Distribution System: Area: <input checked="" type="checkbox"/> Trench Bed <input type="checkbox"/> Filter Medium	No. of Tile Runs: 6	Total Length of Tile: 300'	Distance Between Tile Runs: 6'
Tile Material: <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Clay <input type="checkbox"/> Other _____	Ends: <input checked="" type="checkbox"/> Capped <input type="checkbox"/> Joined	Cover: <input type="checkbox"/> Filter Cloth <input type="checkbox"/> Sand <input checked="" type="checkbox"/> Top Soil <input type="checkbox"/> Seeded	
Setbacks:	Tank		Distribution Pipe
Distance to Buildings & Structures (ft)	8'		22'
Distance to Bodies of Water (ft)	N/A		N/A
Distance to Nearest Well (ft)	250'		265'
Distance to Proposed Property Lines	Front 90m Rear 2100 Side 2100 Side 2100		Front 76m Rear 2100 Side 2100 Side 2100

all property 2 distances are greater than 100' ~~are~~

OVERALL SYSTEM RATING☒ System Working Properly / No Work Required☐ System Functioning / Maintenance Required☐ System Not Functioning / Minor Repair Required☐ System Failure/Major Repair / Replacement Required**Note:**

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Additional Comments:

VERIFICATION**OWNER:**

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I, DAVID OLSZOWKA (the owner of the subject property) hereby authorize the above mentioned evaluator to act on my behalf with respect to all matters pertaining to the existing on-site sewage system evaluation.

Owner Signature

Date

June 4 / 14**EVALUATOR:**

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Evaluator Signature

Date

June 4 / 2014**BUILDING DIVISION COMMENTS**

Comments:

I, _____ have reviewed the information contained in this form as submitted.

Chief Building Official or designate

Date

Revised: March 24, 2011

Building and By-Law Division
Simcoe: 8 Schellburg Ave.
Simcoe, ON
N3Y 2J4
519-426-4377

Langton: 22 Albert St.
Langton, ON
N0E 1G0
519-875-4485



ZONING DEFICIENCY PRZDF20140832

PROPERTY INFORMATION

STREET # 1230 ROLL No. 3310542020137000000

UNIT # TOWNSHIP Norfolk - N. Walsingham
STREET NAME NORFOLK COUNTY ROAD 21 ZONING A

LEGAL DESCRIPTION:
NWAL CON 13 PT LOT 16, REG,
100.00AC FR D

ZONING DEFICIENCY

DEVELOPMENT STANDARD	REQUIRED (m/ft)		PROPOSED (m/ft)		DEFICIENCY (m/ft)	
LOT AREA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LOT FRONTAGE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FRONT YARD SETBACK	13.0	<input type="text"/>	3.7	<input type="text"/>	9.3	<input type="text"/>
EXTERIOR SIDE YARD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INTERIOR SIDE YARD (RIGHT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INTERIOR SIDE YARD (LEFT)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
REAR YARD SETBACK	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DWELLING UNIT AREA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
% LOT COVERAGE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BUILDING HEIGHT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCESSORY BUILDING	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCESSORY BUILDING COMMENTS	<input type="text"/>					
PARKING SPACES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL COMMENTS:

SIZE OF BUILDING REQUIRES AN PROFESSIONAL ENGINEER DESIGN AND COMMITMENT TO REVIEW
OBC PART 3 FIRE SEPARATION, SPATIAL SEPARATION AND EXPOSURE REQUIREMENTS WILL APPLY TO WALLS AND OPENINGS
A FIRE POND AND FIRE TRUCK ACCESS ROUTE IS REQUIRED

The proposed information and any supporting documents have been provided by the owner/applicant. The above information is only in respect to the associated planning application and does not relieve the owner/applicant from obtaining all other permits/approvals required. The owner/applicant hereby accepts full responsibility for the accuracy of the proposed information provided on this form.

I have read and understand the above.


Signature of owner or authorized agent

Date

PREPARED BY:

AS PER:

Fritz R. Enzlin CBCO, CRBO
Chief Building Official
Manager, Building & Bylaw Division
Norfolk County



Signature of building inspector



Date