

CONSENT / SEVERANCE

File Number BNPL2014153
 Related File Number —
 Pre-consultation Meeting On early May
 Application Submitted On July 31/2014
 Complete Application On July 31/2014

Application Fee ✓
 Conservation Authority Fee N/A
 OSSD Form Provided ✓
 Sign Issued —

KR.

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: 3310-542-030-247-00

- | | |
|--|---|
| <input type="checkbox"/> Creation of a new lot | <input checked="" type="checkbox"/> Boundary adjustment |
| <input type="checkbox"/> Surplus Dwelling | <input type="checkbox"/> Easement |
| <input type="checkbox"/> Farm Split (form to be completed) | <input type="checkbox"/> Right-of-way |
| <input type="checkbox"/> Other (lease / charge) | |

A. APPLICANT INFORMATION

Name of Applicant The Nature Conservancy of Canada Phone # 519 886 7773 *206
 Address PO Box 443 Fax # 519 886 9777
 Town / Postal Code London ON N6A 4W1 E-mail Kristin.bernard@natureconservancy.ca
¹ If the applicant is a numbered company provide the name of a principal of the company.

✓ AGENT INFORMATION

Name of Agent MYRON GRAVES Phone # 519 718 0060
 Address 13 CONCESSION STREET Fax # —
 Town / Postal Code WALSINGHAM ON N0E1X0 E-mail mag11@live.ca

OWNER(S) INFORMATION Please indicate name(s) exactly as shown on the Transfer/Deed of Land

Name of Owners ² The Nature Conservancy of Canada Phone # 519 886 7773 *206
 Address PO Box 443 Fax # 519 886 9777
 Town / Postal Code London, ON N6A 4W1 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 sent ³: ☒ 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 mortgages, charges or other encumbrances on the subject lands:

—
—

B. LOCATION/LEGAL DESCRIPTION OF SUBJECT LANDS (Farm)

Geographic Township	<u>NORTH WALSHINGHAM</u>	Urban Area or Hamlet	
Concession Number	<u>7</u>	Lot Number(s)	<u>LOT 12</u>
Registered Plan Number		Lot(s) or Block Number(s)	
Reference Plan Number		Part Number(s)	
Frontage (metres/feet)	<u>PLUS/MINUS 670</u>	Depth (metres/feet)	
Width (metres/feet)		Lot area (m ² / ft ² or hectares/acres)	<u>114.2 ACRES</u>
Municipal Civic Address	<u>2521 Hwy 59</u>		

For questions regarding requirements for a municipal civic address please contact NorfolkGIS@norfolkcounty.ca.

To obtain your municipal civic address for the severed lands please contact your local building inspector.

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):

TECHNICAL BOUNDARY ADJUSTMENT TO INCLUDE WELL &
SEPTIC WITHIN RESIDENTIAL LOT EXISTING UNDERSIZE LOT
TO HELP EXISTING SEPTIC SYSTEM

Name of person(s), if known, to whom lands or interest in lands is to be transferred, leased or charged (if known):

If a boundary adjustment, identify the **assessment roll number** and **property owner** of the lands to which the parcel will be added:

Roll# 542.030.23800.0000 WALTER NEUMANN & MARJORIE NEUMANN
2485 HIGHWAY 59 NWAL CON 7 PT LOT 12

If the application involves the severance of a surplus farmhouse (through farm amalgamation), please list all properties in Norfolk County, which are owned and farmed by the applicant and involved in the farm operation:

Owner's Name and Address (including those with part interest) Assessment Roll No. (obtained from your tax bill)	Geographic Township Concession and Lot #	Total Acreage (individual property)	Acres Workable (individual property)	Existing Farm Type (individual property e.g. corn production, orchard, tobacco)	Dwelling Present	Year Dwelling Built
SUBJECT LANDS					<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

If the application proposes to divide a farm into two smaller agricultural parcels, please complete the following:

Description of Land	Lands to be Severed	Lands to be Retained
Area under cultivation	(m ² / ft ² or hectares/acres)	(m ² / ft ² or hectares/acres)
Woodlot area	(m ² / ft ² or hectares/acres)	(m ² / ft ² or hectares/acres)
Existing crops grown (type and area)		
Proposed crops grown (type and area)		

Description of Existing Buildings	Lands to be Severed	Lands to be Retained
Residence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Livestock barn	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of livestock		
Capacity of barn		
Manure storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of manure storage		

Description of land intended to be SEVERED:

Frontage (metres/feet)	<u>69.56'</u>	Depth (metres/feet)	<u>267'</u>
Width (metres/feet)	<u>149.81'</u>	Lot area (m ² / ft ² or hectares/acres)	<u>6 ACRES</u>
		PROPOSED FINAL LOT SIZE (if boundary adjustment)	<u>0.94 ACRES</u>

Existing use: AGRICULTURE

Proposed use: AGR.

Number and type of buildings and structures **EXISTING** on the land to be severed, please describe in metric units, the setback from the front lot line, rear lot line and side lot lines, the height of the building or structure and its dimensions or floor area:

NONE

Number and type of buildings and structures **PROPOSED** on the land to be severed, please describe in metric units, the setback from the front lot line, rear lot line and side lot lines, the height of the building or structure and its dimensions or floor area:

NONE

Description of land intended to be **RETAINED**:

Frontage (metres/feet)	<u>+/- 649 m</u>	Depth (metres/feet)	
Width (metres/feet)		Lot area (m ² / ft ² or hectares/acres)	<u>113.8</u>

Existing use: AB

Proposed use: AL

Number and type of buildings and structures **EXISTING** on the land to be retained, please describe in metric units, the setback from the front lot line, rear lot line and side lot lines, the height of the building or structure and its dimensions or floor area:

ALL BUILDINGS REMOVED & DEMOLISHED

Number and type of buildings and structures **PROPOSED** on the land to be retained, please describe in metric units, the setback from the front lot line, rear lot line and side lot lines, the height of the building or structure and its dimensions or floor area:

NONE

N/A

Description of proposed **RIGHT OF WAY/EASEMENT**:

Frontage (metres/feet) _____ Depth (metres/feet) _____
Width (metres/feet) _____ Lot area (m² / ft²) _____

Proposed use: _____

D. PROPERTY INFORMATION

Present official plan designation(s): Agricultural (small portion Hazard)

Present zoning: Agricultural 'A'

Is there a site specific zone on the subject lands? N/A

CONSENT / SEVERANCE

Has the owner previously severed any lands from this subject land holding or any other lands the owner has interest in since August 24, 1978?

☐ Yes ☐ No ☒ Unknown

If yes, indicate the file number and the status/decision: _____

Has any land been severed from the parcel originally acquired by the owner of the subject lands?

☐ Yes ☐ No ☒ Unknown

If yes, indicate the file number and the status/decision: _____

Number of separate parcels that have been created: _____

Date(s) these parcels were created: _____

Name of the transferee for each parcel: _____

Uses of the severed lands: _____

If this application proposes to sever a dwelling made surplus through farm amalgamation, when were the farm properties amalgamated? _____

Date of construction of the dwelling proposed to be severed: _____

Date of purchase of subject lands: _____

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

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

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

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?

☐ 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: If additional space is required, attach a separate sheet.

File number: _____

Land it affects: _____

Purpose: _____

Status/decision: _____

Effect on the requested amendment: _____

Is the above information for other planning developments applications attached? ☐ Yes ☐ No

G. PROVINCIAL POLICY

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

☒ Yes ☐ No

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 application 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 MDS 1 Calculation Form)	<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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	_____ distance
Municipal landfill	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input 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 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<u>500</u> 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

WATER SUPPLY

Municipal piped water



SEVERED

☐

RETAINED

☐

CONSENT / SEVERANCE

Communal Wells	<input type="checkbox"/>	<input type="checkbox"/>
Individual Wells	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other means (describe) _____

SEWAGE TREATMENT

SEVERED

RETAINED

Municipal Sewers	<input type="checkbox"/>	<input type="checkbox"/>
Communal System	<input type="checkbox"/>	<input type="checkbox"/>
Septic tank and tile bed	<input checked="" type="checkbox"/> (partial)	<input checked="" type="checkbox"/>

Other means (describe) _____

STORM DRAINAGE

SEVERED

RETAINED

Storm Sewers	<input type="checkbox"/>	<input type="checkbox"/>
Open ditches	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other (describe) _____

Have you consulted with Public Works & Environmental Services concerning stormwater management? ☐ Yes ☒ No

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 the **RETAINED** lands:

<input type="checkbox"/> Unopened road	<input type="checkbox"/> Provincial highway
<input checked="" type="checkbox"/> Municipal road maintained all year	<input type="checkbox"/> Right-of-way
<input type="checkbox"/> Municipal road maintained seasonally	<input type="checkbox"/> Other (describe below)

If other, describe: _____

Name of road/street: Highway #59



Existing or proposed access to SEVERED lands:

- | | |
|--|---|
| <input type="checkbox"/> Unopened road | <input type="checkbox"/> Provincial highway |
| <input checked="" type="checkbox"/> Municipal road maintained all year | <input type="checkbox"/> Right-of-way |
| <input type="checkbox"/> Municipal road maintained seasonally | <input type="checkbox"/> Other (describe below) |

If other, describe: _____

Name of road/street: _____

Highway #59

I. OTHER INFORMATION

Is there a time limit that affects the processing of this development application? ☐ Yes ☒ No

If yes, describe: _____

Ø

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.



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:	
Owner: WALTER & MARGORY NEUMANN		Lot: 12	Concession: 6027
Lot Area: .34 ACRES	Lot Frontage: 80.25	Assessment Roll No. 542 030 23800 0000	
PURPOSE OF EVALUATION	<input type="checkbox"/> Consent <input type="checkbox"/> Minor Variance <input type="checkbox"/> Site Plan <input type="checkbox"/> Zoning <input checked="" type="checkbox"/> Other <u>BOUNDARY ADJUSTMENT</u>		
BUILDING INFORMATION	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural		
Building Area:	No. of Bedrooms: 1	No. of Fixture Units: 15	Is the building currently occupied? <input checked="" type="checkbox"/> Yes / No If No, how long? 30
EVALUATOR'S INFORMATION	Evaluator's Name: JACK GRANGER		Company Name: GRANGER & SONS
Address: RR #2 ST WILLIAMS	Postal Code: N0E1P0		Phone: 519 586 7620
Email:	BCIN # 23318		
SITE EVALUATION	Ground Cover (trees, bushes, grass, impermeable surface):		Soil Type:
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: 2 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): Summer July	
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: 200 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: 6	Total Length of Tile: 300 feet	Distance Between Tile Runs: 30 "
Tile Material: <input type="checkbox"/> PVC <input checked="" 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 checked="" type="checkbox"/> Seeded	
Setbacks:	Tank	Distribution Pipe	
Distance to Buildings & Structures (ft)	5'	15'	
Distance to Bodies of Water (ft)			
Distance to Nearest Well (ft)	100'	100'	
Distance to Proposed Property Lines	Front 75' Rear 70' Side 30' Side 0'	Front 75' Rear 70' Side 30' Side 0'	

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:

System in good working order
weeping Bed on Property line on South side

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, WALTER & MARSOXY NEUMANN (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.

Walter Neumann

Walter Neumann
Owner Signature

July 30/14
Date

EVALUATOR:

1. I, JACK CRANGER 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.

Jack Cranger
Evaluator Signature

July 30/14
Date

BUILDING DIVISION COMMENTS:

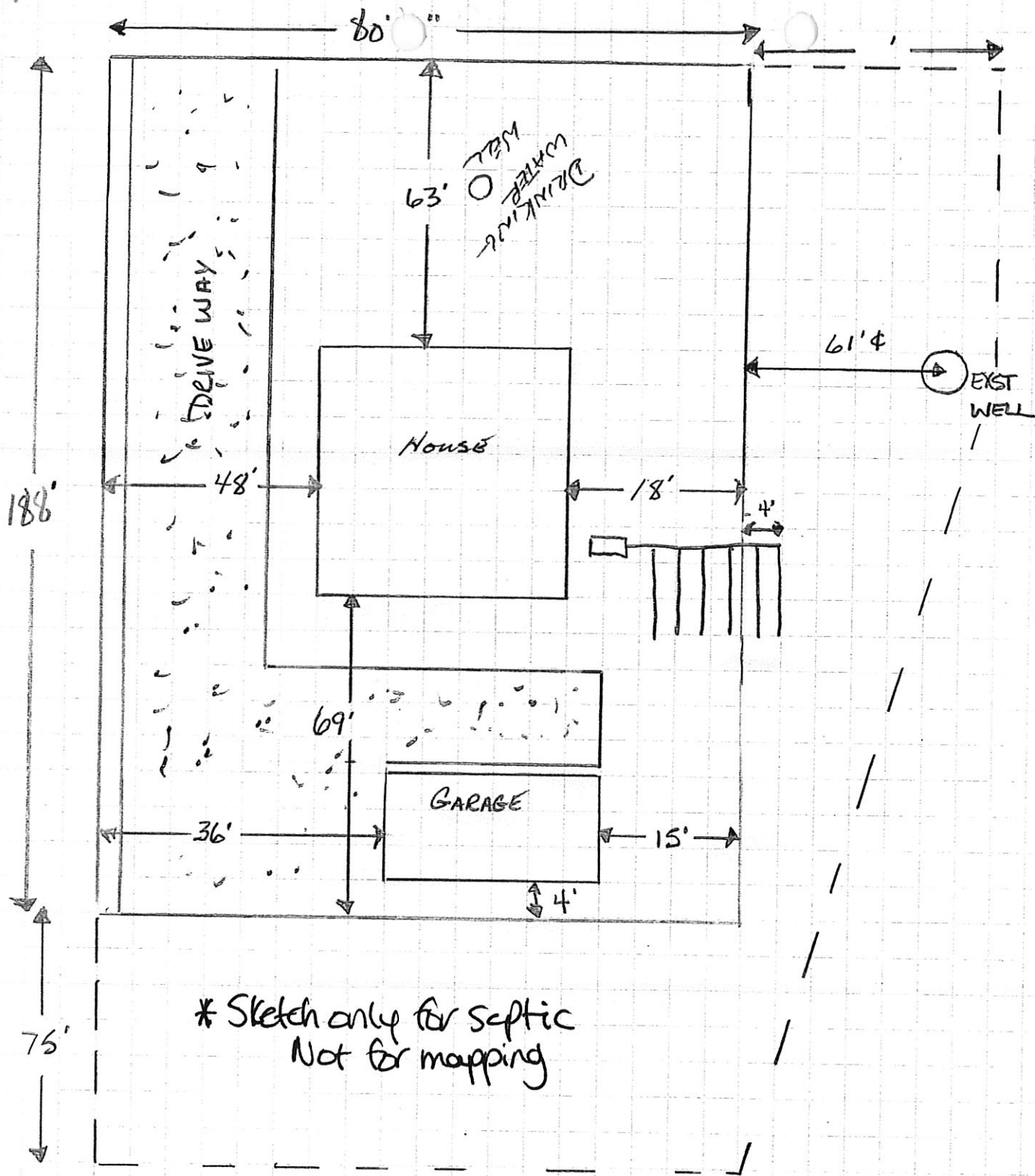
Comments: _____

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

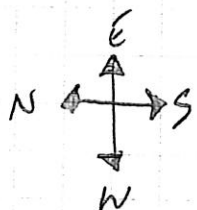
Chief Building Official or designate

Date

Revised: March 24, 2011



* Sketch only for septic
Not for mapping



NOTE ALL MEASUREMENTS
ARE APPROXIMATE
NOT TO SCALE