

CONSENT / SEVERANCE

File Number BNPL2014245 Application Fee ☒  
 Related File Number - Conservation Authority Fee ☒  
 Pre-consultation Meeting On Dec 8 / 2014 OSSD Form Provided ☒  
 Application Submitted On " " Sign Issued ☐  
 Complete Application On Dec. 22 / 2014

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- 337060019000000

- |  |  |
|--|--|
| <input type="checkbox"/> Creation of a new lot             | <input type="checkbox"/> Boundary adjustment |
| <input checked="" 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 <sup>1</sup> HANNA FISHER Phone # 519-428-1750  
 Address 117 NORFOLK COUNTY RD 57 Fax #   
 Town / Postal Code RR3 SIMCOE ON N34 4K2 E-mail

<sup>1</sup> If the applicant is a numbered company provide the name of a principal of the company.

AGENT INFORMATION

Name of Agent OF MICHAEL HIGGINS Phone # 519 426 6270  
106 DOUGLAS VALLEE LIMITED  
 Address 2 TALBOT STREET NORTH Fax # 519 426 6277  
 Town / Postal Code SIMCOE ON N3Y 3W4 E-mail michaelhiggins@gclvallee.ca

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

Name of Owners <sup>2</sup> HANNA FISHER Phone #   
 Address  Fax #   
 Town / Postal Code  E-mail

<sup>2</sup> 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 <sup>3</sup>: ☒ Applicant ☒ Agent ☐ Owner

<sup>3</sup> 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:

NOT KNOWN.



## B. LOCATION/LEGAL DESCRIPTION OF SUBJECT LANDS

Geographic Township	<u>WOODHOUSE</u>	Urban Area or Hamlet	
Concession Number	<u>BROKEN FRONT CON</u>	Lot Number(s)	<u>LOT 2</u>
Registered Plan Number		Lot(s) or Block Number(s)	
Reference Plan Number		Part Number(s)	
Frontage (metres/feet)	<u>96.3m</u>	Depth (metres/feet)	<u>IRREGULAR.</u>
Width (metres/feet)	<u>IRREGULAR.</u>	Lot area (m <sup>2</sup> / ft <sup>2</sup> or hectares/acres)	<u>18.9ha (46.8ac)</u>
Municipal Civic Address	<u>117 NORFOLK COUNTY RD 57</u>		

For questions regarding requirements for a municipal civic address please contact [NorfolkGIS@norfolkcounty.ca](mailto: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):

PROPOSE TO SEVER THE EXISTING HOUSE AS SURPLUS  
TO THE APPLICANT'S NEEDS AND CONSTRUCT A DWELLING  
ON THE RETAINED LAND.

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

NOT KNOWN.

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

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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:

Owners 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
<b>SUBJECT LANDS</b>						
The applicant does not own any other farm parcels.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>OTHER</b>						
					<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 <sup>2</sup> / ft <sup>2</sup> or hectares/acres)	(m <sup>2</sup> / ft <sup>2</sup> or hectares/acres)
Woodlot area	(m <sup>2</sup> / ft <sup>2</sup> or hectares/acres)	(m <sup>2</sup> / ft <sup>2</sup> 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) 59.3m (194.5ft) Depth (metres/feet) IRREGULAR.  
 Width (metres/feet) IRREGULAR. Lot area (m<sup>2</sup> / ft<sup>2</sup> or hectares/acres) 5460.45sqm (1.35ac)  
 PROPOSED FINAL LOT SIZE (if boundary adjustment) \_\_\_\_\_

Existing use: RESIDENTIAL

Proposed use: RESIDENTIAL.



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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:

185.8 SQM HOUSE WITH ATTACHED 2 CAR GARAGE 50 SQM SHED

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>36.98m (121ft)</u>	Depth (metres/feet)	<u>IRREGULAR.</u>
Width (metres/feet)	<u>IRREGULAR.</u>	Lot area (m <sup>2</sup> / ft <sup>2</sup> or hectares/acres)	<u>18.4 ha (45.49ac)</u>

Existing use: AGRICULTURAL.

Proposed use: AGRICULTURAL.

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:

NONE

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:

185.8 SQM SINGLE DETACHED DWELLING

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

Frontage (metres/feet)	_____	Depth (metres/feet)	_____
Width (metres/feet)	_____	Lot area (m <sup>2</sup> / ft <sup>2</sup> )	_____

Proposed use: \_\_\_\_\_

**D. PROPERTY INFORMATION**

Present official plan designation(s): AGRICULTURAL

Present zoning: AGRICULTURAL

Is there a site specific zone on the subject lands?  
NO

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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: APPROVED

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: APPROVED

Number of separate parcels that have been created: 1

Date(s) these parcels were created: 1987

Name of the transferee for each parcel: BERNIE AND DEBBIE SKYMAR.

Uses of the severed lands: AGRICULTURAL.

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: 1991

Date of purchase of subject lands: 1987

**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

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

OWNER.

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: 1987

Land it affects: \_\_\_\_\_

Purpose: AGRICULTURAL

Status/decision: APPROVED

Effect on the requested amendment: NONE

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:

SURPLUS HOUSE (SURPLUS TO THE APPLICANT)

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 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

### WATER SUPPLY

#### SEVERED

#### RETAINED

Municipal piped water

☐
☐

Communal Wells

☐
☐

Individual Wells

☒
☒

Other means (describe) \_\_\_\_\_

### SEWAGE TREATMENT

#### SEVERED

#### RETAINED

Municipal Sewers

☐
☐

Communal System

☐
☐

Septic tank and tile bed

☒
☒

Other means (describe) \_\_\_\_\_

### STORM DRAINAGE

#### SEVERED

#### RETAINED

Storm Sewers

☐
☐

Open ditches

☒
☒

Other (describe) \_\_\_\_\_



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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:

☐ Unopened road

☒ Municipal road maintained all year

☐ Municipal road maintained seasonally

☐ Provincial highway

☐ Right-of-way

☐ Other (describe below)

If other, describe: \_\_\_\_\_

Name of road/street: \_\_\_\_\_

COUNTY ROAD 57

Existing or proposed access to SEVERED lands:

☐ Unopened road

☒ Municipal road maintained all year

☐ Municipal road maintained seasonally

☐ Provincial highway

☐ Right-of-way

☐ Other (describe below)

If other, describe: \_\_\_\_\_

Name of road/street: \_\_\_\_\_

COUNTY ROAD 57

**I. OTHER INFORMATION**

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

Yes

☒

No

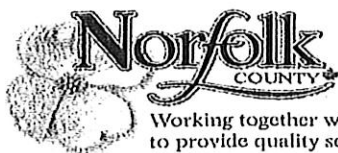
If yes, describe: \_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_





# Evaluation Form for Existing On-Site Sewage Systems

Date: July 2009

<b>OFFICE USE ONLY</b>		<b>FILE NO.</b>		<b>DATE RECEIVED</b>	
<b>PROPERTY INFORMATION</b>		Municipal Address: 117 NORFOLK COUNTY ROAD #57 - Port Rouse			
Owner: HANNA FISHER		Lot:		Concession:	
Lot Area:		Lot Frontage:		Assessment Roll No.	
<b>PURPOSE OF EVALUATION</b>		<input type="checkbox"/> Consent <input type="checkbox"/> Minor Variance <input type="checkbox"/> Site Plan <input type="checkbox"/> Zoning <input type="checkbox"/> Other _____			
<b>BUILDING INFORMATION</b>		<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural			
Building Area: 3,100 sq ft		No. of Bedrooms: 5		No. of Fixture Units: 32	
<b>EVALUATOR'S INFORMATION</b>		Evaluator's Name: EA Dove		Company Name: BILL'S SEPTIC LTD	
Address: 17 BARKLEY CRESCENT SIMCOE, ON		Postal Code: N3Y 2K3		Phone: 905-426-7108	
Email: billsseptic@sympatico.ca		BCIN # 38413		38259	
<b>SITE EVALUATION</b>		Ground Cover (trees, bushes, grass, impermeable surface): GRASS		Soil Type: IMPORTED SAND	
Site Slope: <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Moderate <input type="checkbox"/> Steep		Soil Conditions: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry		Depth of Water Table: 130-140 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): RAINY + DAMP	
<b>SYSTEM EVALUATION</b>		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: 1500 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: 8		Total Length of Tile: 350 ft	
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 checked="" type="checkbox"/> Seeded	
<b>Setbacks:</b>		<b>Tank</b>		<b>Distribution Pipe</b>	
Distance to Buildings & Structures (ft)		6 ft		30 ft	
Distance to Bodies of Water (ft)		N/A		N/A	
Distance to Nearest Well (ft)		75 ft		75 ft	
Distance to Proposed Property Lines		Front >100' Rear 60' Side >100' Side >100'		Front 20' Rear 20' Side 63' Side 60'	

**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

OK

**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:**

ALL SYSTEM COMPONENTS IN GOOD WORKING  
CONDITION @ TIME OF EVALUATION  
ALL SETBACK DISTANCE REQUIREMENTS ARE MET

**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, \_\_\_\_\_ (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

**EVALUATOR:**

1. I, Ed Dove - Bill's Septic Ltd. 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

December 15/2014

**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



# On Site Sewage Disposal System Location Plan

DATE: December 15/2014

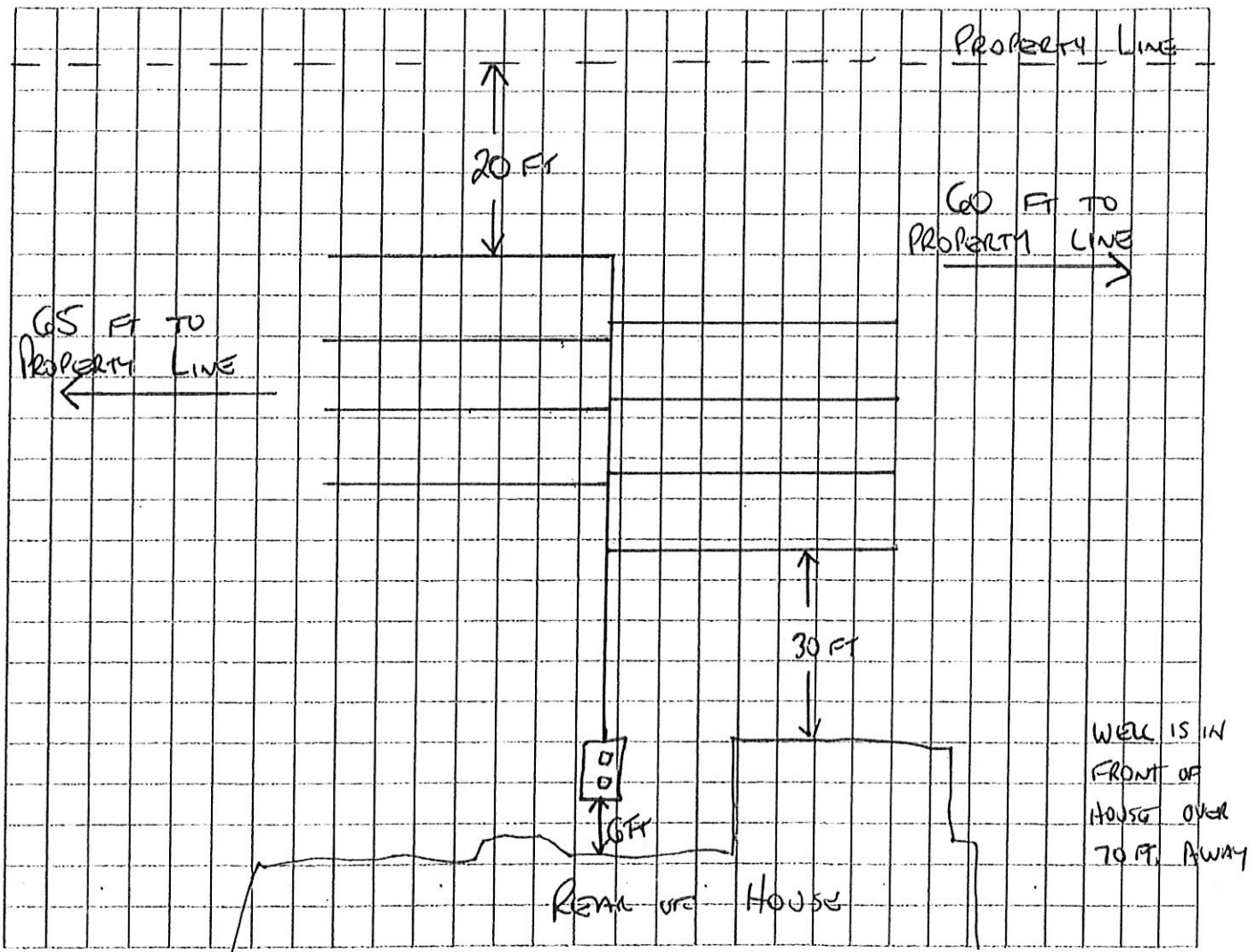
APPLICATION NUMBER: \_\_\_\_\_

OWNER \_\_\_\_\_

EVALUATOR Ed Dove

PROPERTY ADDRESS 117 NORFOLK COUNTY ROAD #57 - Pt. RIVERSE

Please provide a DIMENSIONED sketch drawing indicating EXISTING AND PROPOSED property lines, existing roads and driveways, location of all existing buildings, location of existing wells, and location of existing septic tanks and tile beds.

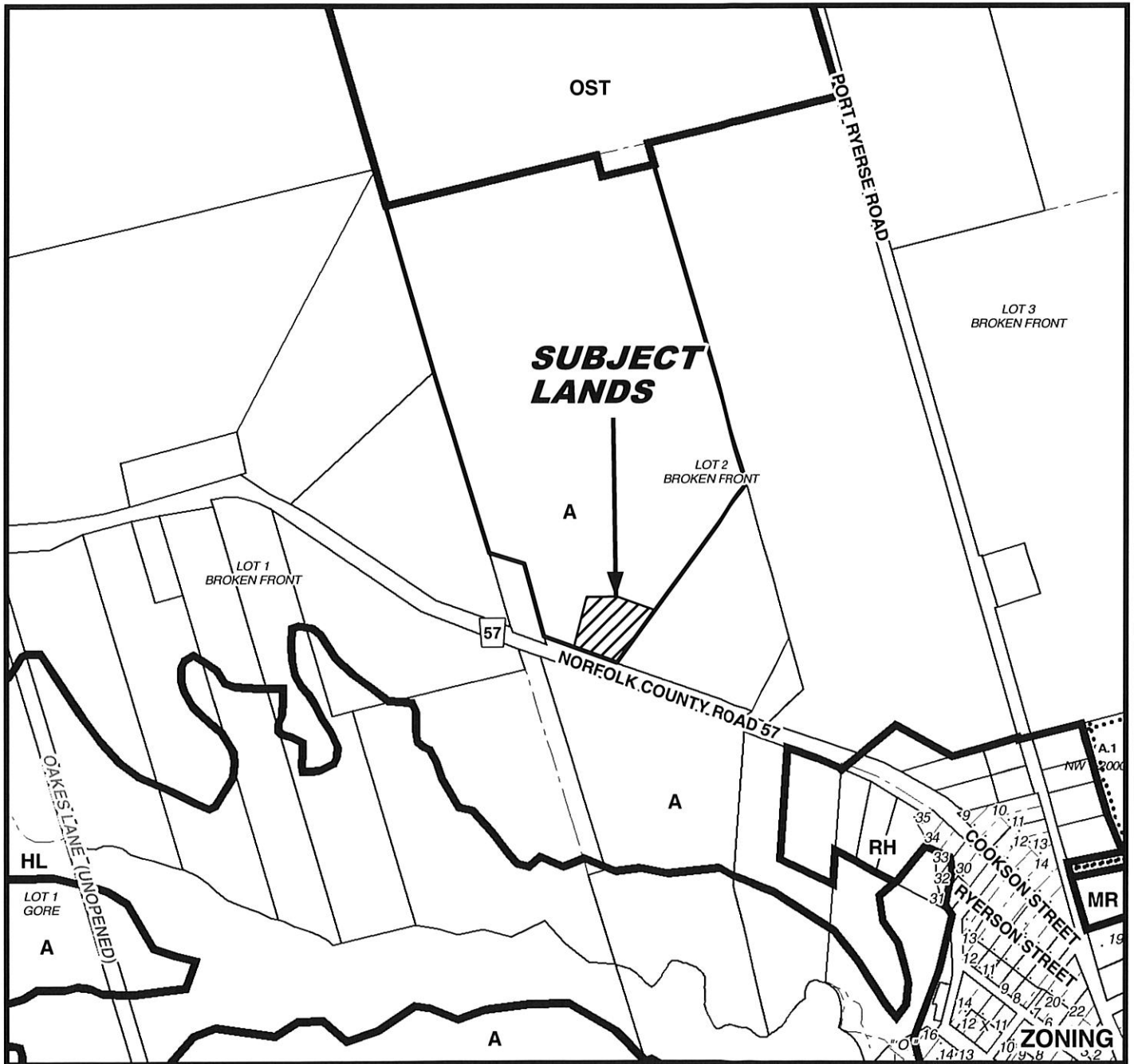
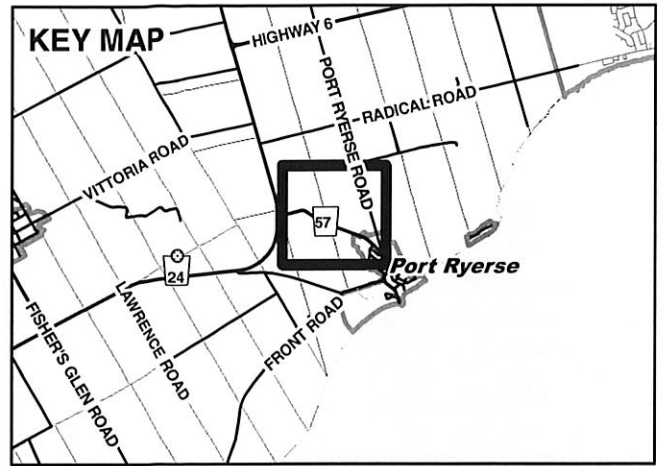
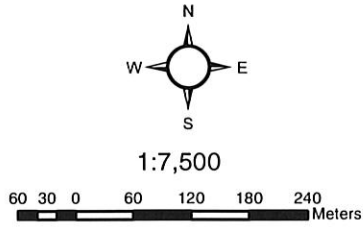


PREPARED BY: Ed Dove

NOTE: The above sketch is not to exact scale.

**MAP 1**  
**File Number: BNPL2014245**

Geographic Township of  
**WOODHOUSE**

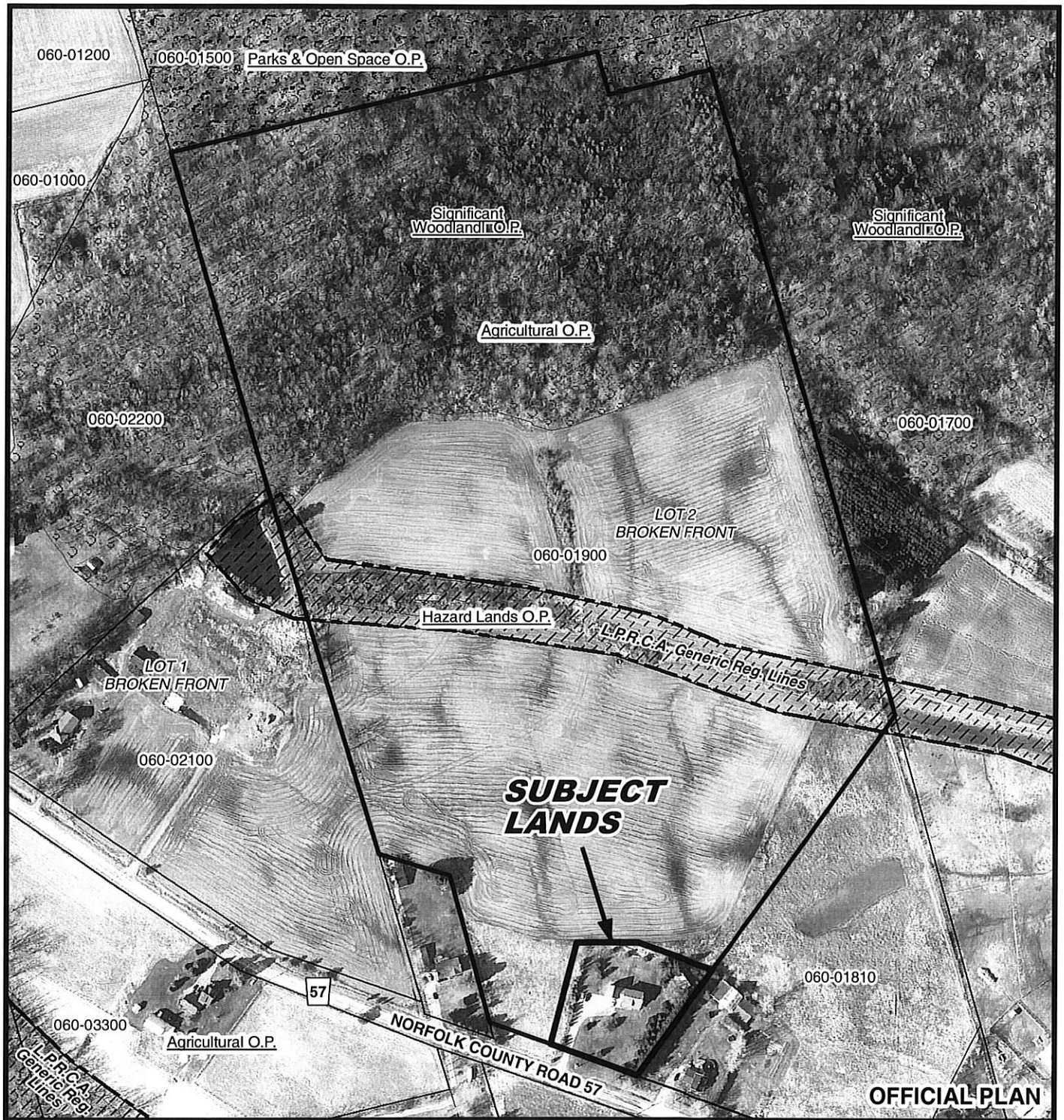
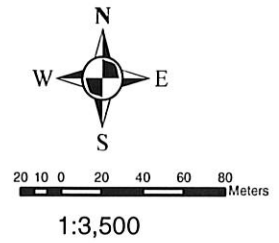




# MAP 2

File Number: BNPL2014245

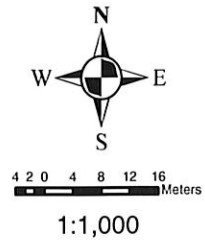
Geographic Township of WOODHOUSE



# MAP 3

File Number: BNPL2014245

Geographic Township of WOODHOUSE



## SUBJECT LANDS

