

CONSENT / SEVERANCE

File Number BNPL2015086
 Related File Number —
 Pre-consultation Meeting On May 2015
 Application Submitted On May 30/2015
 Complete Application On May 5/2015

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: 3310-4910115900 + 49101116110

- | | |
|------------------------------------------------------------|---------------------------------------------------------|
| <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 ¹ RON & LYNN TAYLOR Phone # 226-401-2569
 Address 412 WILLIAM ST. Fax # SAME
 Town / Postal Code TEETERVILLE ON. NOE 150 E-mail rltaylor@kwic.com

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

AGENT INFORMATION

Name of Agent — Phone # —
 Address — Fax # —
 Town / Postal Code — E-mail —

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

Name of Owners ² RONALD & LINDA TAYLOR Phone # 226-401-2569
 Address 412 WILLIAM ST Fax # SAME
 Town / Postal Code TEETERVILLE ON NOE 150 E-mail rltaylor@kwic.com

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 mortgagees, charges or other encumbrances on the subject lands:

PRESIDENTS CHOICE FINANCIAL
33 YONGE STREET, SUITE 700, TORONTO ONTARIO M5E 1G4

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) SUBJECT LANDS	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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Dwelling Built
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 (m ² / ft ² or hectares/acres)	Lands to be Retained (m ² / ft ² or hectares/acres)
Area under cultivation		
Woodlot area		
Existing crops grown (type and area)		
Proposed crops grown (type and area)		

Description of Existing Buildings	Lands to be Severed <input type="checkbox"/> Yes <input type="checkbox"/> No	Lands to be Retained <input type="checkbox"/> Yes <input type="checkbox"/> No
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) 207.30' (63.18m) Depth (metres/feet) 121.5' (Lot 6) - 113.77' (Lot 8 & 9)

Width (metres/feet) 135.45' (BACK) (41.28m) Lot area (m² / ft² or hectares/acres) .4359713 ACRE (.44)

PROPOSED FINAL LOT SIZE (if boundary adjustment) 274' X 250' X 297' X 132'

Existing use: OPEN SPACE - RECREATION.

Proposed use: GARDENING + RECREATION

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

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 type="checkbox"/> No ____ distance
Wooded area	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>0 ft</u> 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 type="checkbox"/> Yes <input type="checkbox"/> No ____ distance
Floodplain	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ distance
Rehabilitated mine site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No ____ distance
Active mine site within one kilometre	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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 type="checkbox"/> No ____ distance
Active railway line	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ distance
Seasonal wetness of lands	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ distance
Erosion	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ distance
Abandoned gas wells	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ distance

H. SERVICING AND ACCESS

WATER SUPPLY

SEVERED

RETAINED

Municipal piped water

☐
☐

Communal Wells

☐
☐

Individual Wells

☐
☒

Other means (describe) NONE

SEWAGE TREATMENT

SEVERED

RETAINED

Municipal Sewers

☐
☐

Communal System

☐
☐

Septic tank and tile bed

☐
☒

Other means (describe) NONE

STORM DRAINAGE

SEVERED

RETAINED

Storm Sewers

☐
☐

Open ditches

☐
☐

Other (describe) _____



Evaluation Form for Existing On-Site Sewage Systems

Date: July 2009

OFFICE USE ONLY		FILE No.:		DATE RECEIVED:	
PROPERTY INFORMATION		Municipal Address:			
Owner:			Lot:		Concession:
Lot Area:		Lot Frontage:		Assessment Roll No.	
PURPOSE OF EVALUATION		<input type="checkbox"/> Consent <input type="checkbox"/> Minor Variance <input type="checkbox"/> Site Plan <input type="checkbox"/> Zoning <input type="checkbox"/> Other _____			
BUILDING INFORMATION		<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural			
Building Area: 1700 sq. ft.		No. of Bedrooms: 3		No. of Fixture Units: 20 Is the building currently occupied? Yes / No If No, how long?	
EVALUATOR'S INFORMATION		Evaluator's Name: Ed Dove		Company Name: Bill's Septic Ltd	
Address: 17 Berkeley Crescent Simcoe		Postal Code: N3Y 2K3		Phone: 519-426-7108	
Email: billsseptic@sympatico.ca		BCIN # 38413 / 38259			
SITE EVALUATION		Ground Cover (trees, bushes, grass, impermeable surface): GRASS / TOPSOIL			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: 25 ft.	
Surface Discharge Observed: Yes <input checked="" type="checkbox"/> No		Odour Detected: Yes <input checked="" type="checkbox"/> No		Current Weather (at time of evaluation): SUNNY DRY	
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="checkbox"/> No
Distribution System: <input checked="" type="checkbox"/> Trench Bed <input type="checkbox"/> Filter Medium		No. of Tile Runs: 4		Total Length of Tile: Approx 200 FT	Distance Between Tile Runs: 7 FT
Tile Material: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Clay <input type="checkbox"/> Other _____		Ends: <input type="checkbox"/> Capped <input checked="" 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)		6 FT		44 FT	
Distance to Bodies of Water (ft)		N/A		N/A	
Distance to Nearest Well (ft)		> 100 FT		> 100 FT	
Distance to Proposed Property Lines		Front > 100' Rear > 100' Side > 100' Side 52 FT		Front > 100' Rear 30 FT Side > 100' Side 52 FT	

OVERALL SYSTEM RATING	<input checked="" type="checkbox"/> System Working Properly / No Work Required <input type="checkbox"/> System Functioning / Maintenance Required <input type="checkbox"/> System Not Functioning / Minor Repair Required <input type="checkbox"/> System Failure/Major Repair / Replacement Required <u>Note:</u> 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.
VERIFICATION	<div style="font-size: 2em; margin-bottom: 10px;">OK</div> <p>Additional Comments:</p> <p style="color: blue;">ALL SYSTEM COMPONENTS APPEAR TO BE IN GOOD WORKING ORDER. ALL SYSTEM COMPONENTS MEET REQUIRED SETBACK DISTANCES.</p>
<p>OWNER:</p> <p>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.</p> <p>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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Owner Signature</p> </div> <div style="width: 45%;"> <p>_____ Date</p> </div> </div>	
<p>EVALUATOR:</p> <p>1. I, <u>Ed Dore - Bill's Service Ltd</u> 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.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p> _____ Evaluator Signature</p> </div> <div style="width: 45%;"> <p><u>April 24/2015</u> _____ Date</p> </div> </div>	
<div style="background-color: #e0e0e0; padding: 2px 5px; margin-bottom: 5px;">BUILDING DIVISION COMMENTS</div> <p>Comments: _____</p> <p>_____</p> <p>I, _____ have reviewed the information contained in this form as submitted.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Chief Building Official or designate</p> </div> <div style="width: 45%;"> <p>_____ Date</p> </div> </div>	

Revised: March 24, 2012



On Site Sewage Disposal System Location Plan

DATE: April 24/2015

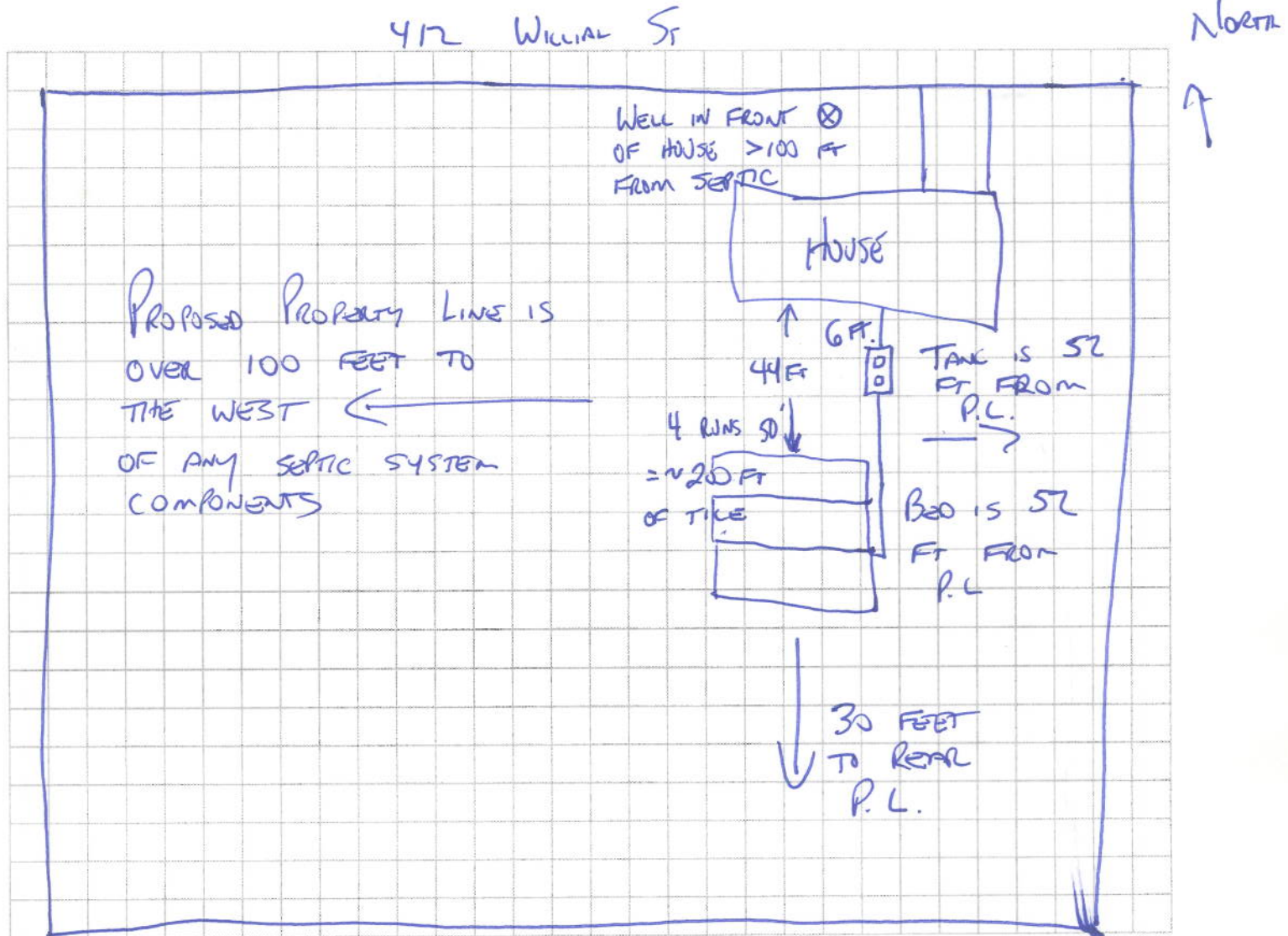
APPLICATION NUMBER: _____

OWNER: _____

EVALUATOR: Ed Dove

PROPERTY ADDRESS: 412 William St - Teeterville

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.

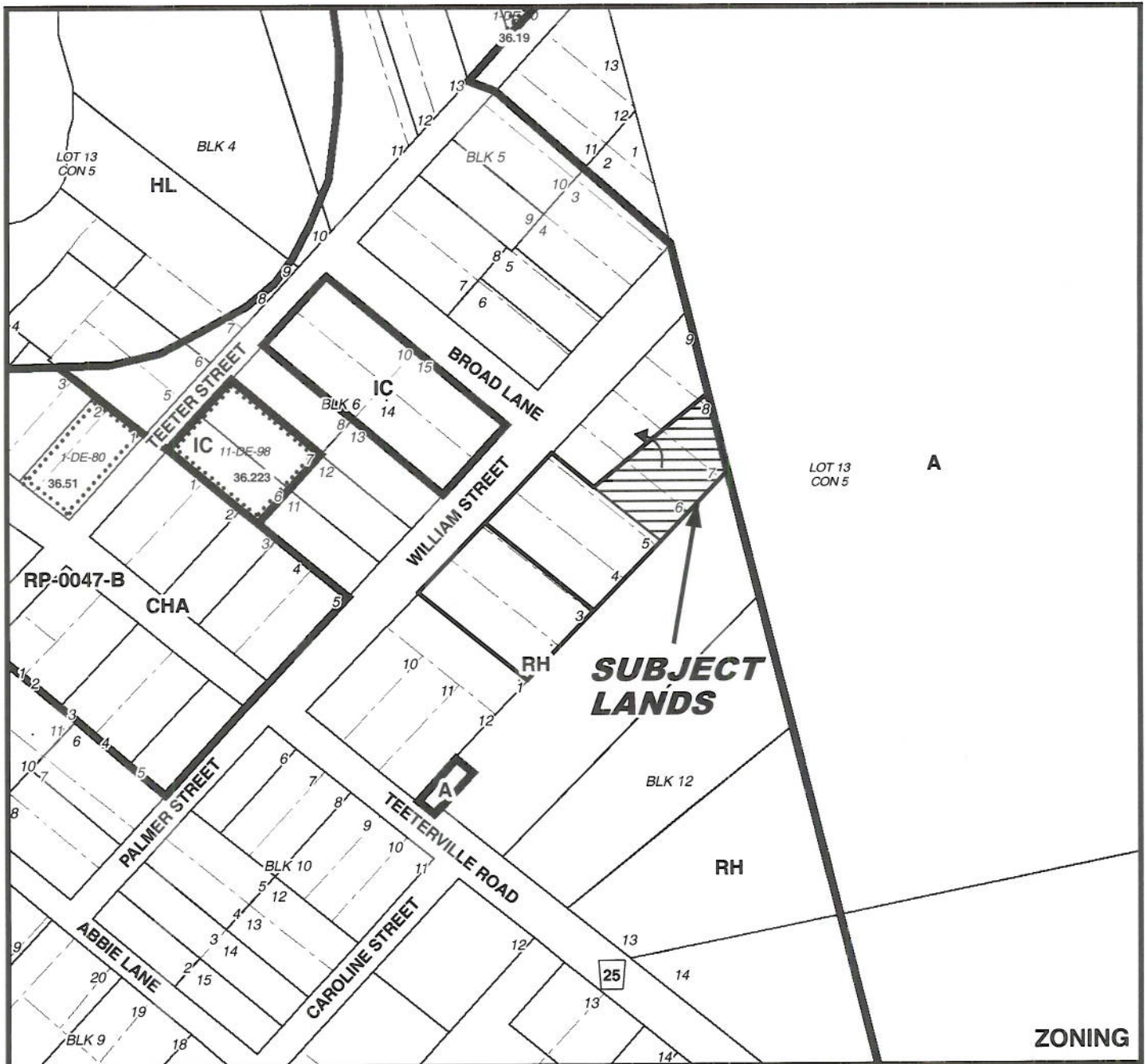
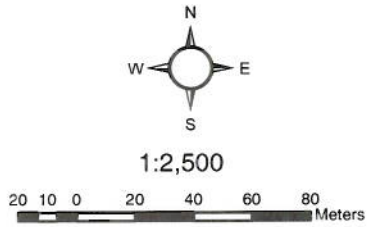


PREPARED BY: Ed Dove

NOTE: The above sketch is not to exact scale.

MAP 1
File Number: BNPL2015086

Geographic Township of
WINDHAM



ZONING

MAP 2

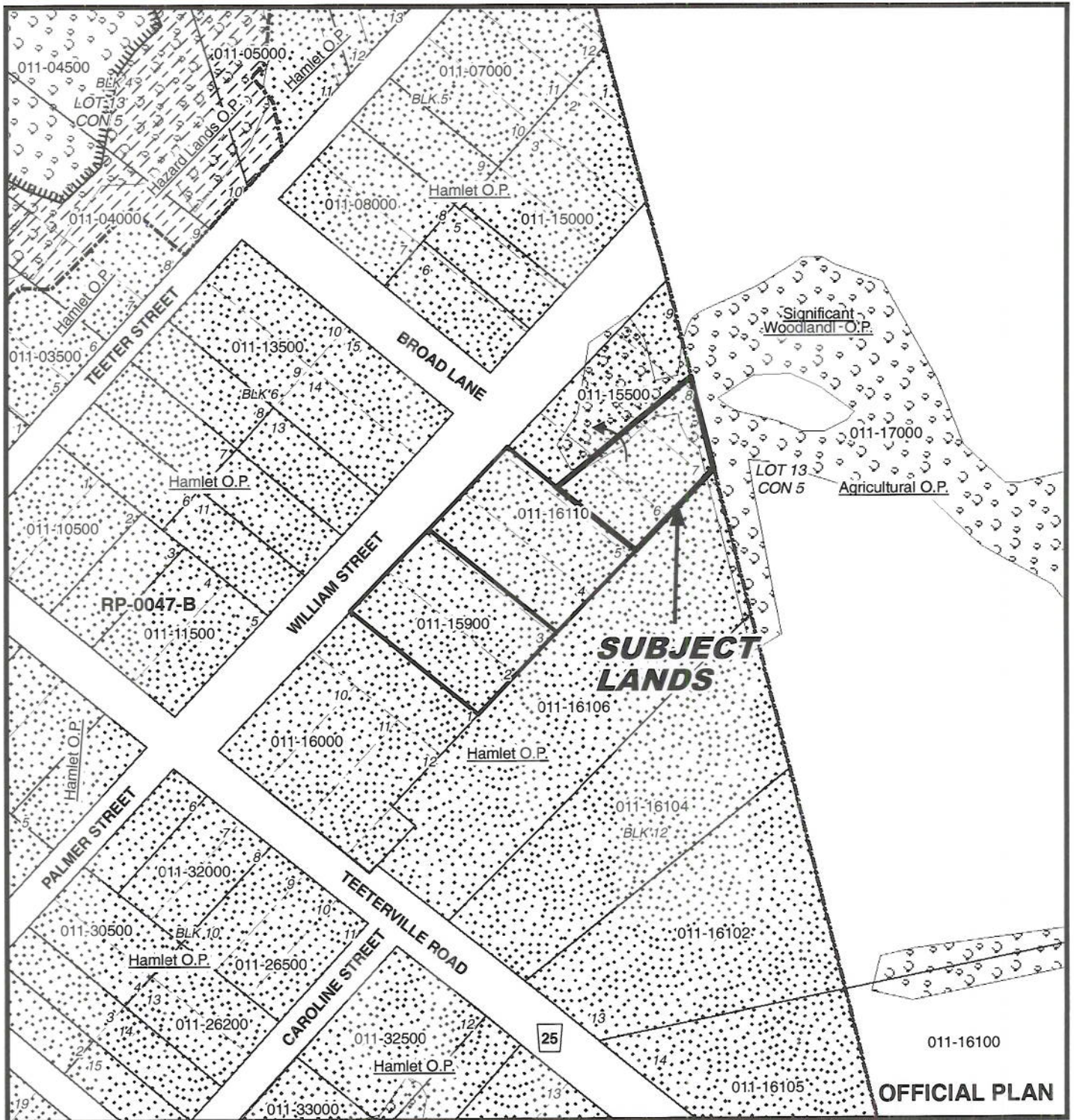
File Number: BNPL2015086

Geographic Township of WINDHAM



8 4 0 8 16 24 32 Meters

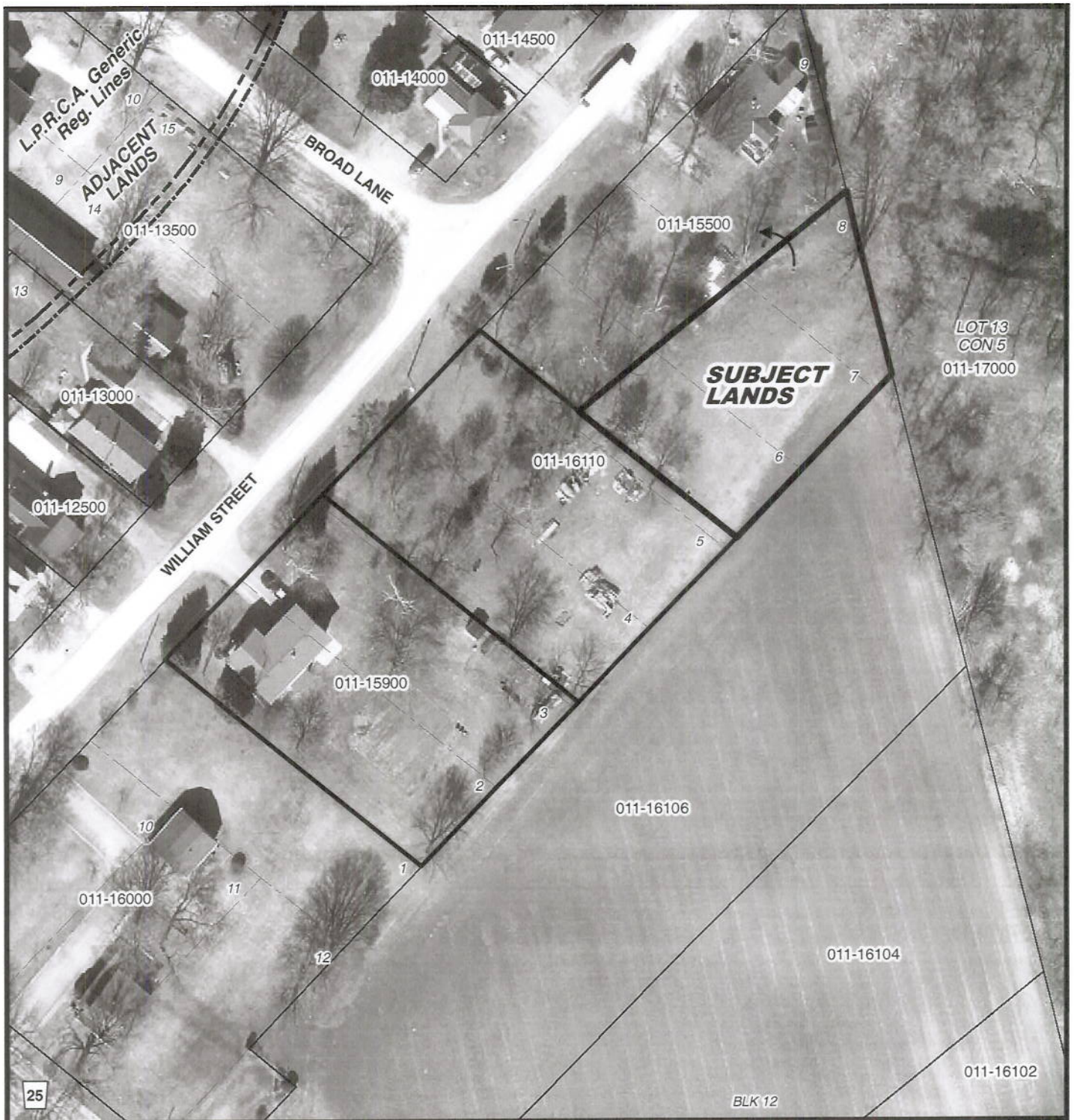
1:2,000



Geographic Township of WINDHAM



1:1,000



MAP 4

File Number: BNPL2015086

Geographic Township of WINDHAM

