

**CONSENT / SEVERANCE**

File Number BNPL2015115 Application Fee ✓  
 Related File Number ~~115~~ BNPL2015118 Conservation Authority Fee N/A  
 Pre-consultation Meeting On — OSSD Form Provided ✓  
 Application Submitted On — Sign Issued —  
 Complete Application On July 9/2015 ER.

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:** 3310-336-030-931-00

- |  |  |
|--|--|
| <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> SITKO FARMS INC. Phone # 519-443-4191  
 Address 605 CONCESSION RD #3 RR#1 Fax # —  
 Town / Postal Code WILSONVILLE NOE 1Z0 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 SONJA NEUMAN Phone # 519-410-5290  
 Address 605 CONCESSION RD #3 RR#1 Fax # —  
 Town / Postal Code WILSONVILLE NOE 1Z0 E-mail sonjneuman@amtelecom.net

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

Name of Owners <sup>2</sup> SITKO FARMS INC. Phone # 519-443-4191  
 Address 605 CONCESSION RD #3 RR#1 Fax # 519-443-5051  
 Town / Postal Code WILSONVILLE NOE 1Z0 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:

MARY FALUDI 3412 HWY #24 RR#4 WATERFORD ONT

## B. LOCATION/LEGAL DESCRIPTION OF SUBJECT LANDS

Geographic Township	<u>WATERFORD</u>	Urban Area or Hamlet	<u>TOWNSHIP OF TOWNSEND</u>
Concession Number	<u>CONCESSION 7</u>	Lot Number(s)	<u>PT LOT 1 AND RD</u>
Registered Plan Number	<u>36 B</u>	Lot(s) or Block Number(s)	<u>7</u>
Reference Plan Number		Part Number(s)	
Frontage (metres/feet)		Depth (metres/feet)	
Width (metres/feet)		Lot area (m <sup>2</sup> / ft <sup>2</sup> or hectares/acres)	<u>98.65 acres</u>
Municipal Civic Address	<u>3412 Hwy # 24 RR # 4 WATERFORD NOE 140</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):

SEVERANCE OF SURPLUS DWELLING

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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:

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CONSENT / SEVERANCE

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
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SUBJECT LANDS

SEE ATTACHED

☐ Yes ☐ No

OTHER

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Livestock barn	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Type of livestock		
Capacity of barn		
Manure storage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Type of manure storage		

Description of land intended to be SEVERED:

Frontage (metres/feet)	<u>71.39 m</u>	Depth (metres/feet)	<u>55.39 m</u>
Width (metres/feet)	<u>67.70 m</u>	Lot area (m <sup>2</sup> / ft <sup>2</sup> or hectares/acres)	<u>3843.5 sq m (0.949 acre)</u>
		PROPOSED FINAL LOT SIZE (if boundary adjustment)	

Existing use: RESIDENCE

Proposed use: RESIDENCE



CONSENT / SEVERANCE

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:

SEE ATTACHED SKETCH

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:

SEE ATTACHED SKETCH

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

Frontage (metres/feet)

VARIOUS

Depth (metres/feet)

VARIOUS

Width (metres/feet)

VARIOUS

Lot area (m<sup>2</sup> / ft<sup>2</sup> or  
hectares/acres)

143.5 ACRES APPROX

Existing use:

AGRICULTURE

Proposed use:

AGRICULTURE

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:

SEE ATTACHED SKETCH

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:

SEE ATTACHED SKETCH

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):

AGRICULTURE

Present zoning:

AGRICULTURE

Is there a site specific zone on the subject lands?

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:

OWNERS KNOWLEDGE

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:

## CONSENT / SEVERANCE

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 type="checkbox"/> Yes	<input checked="" 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 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 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 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) \_\_\_\_\_



CONSENT / SEVERANCE

- 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 ☐ Provincial highway  
☒ Municipal road maintained all year ☐ Right-of-way  
☐ Municipal road maintained seasonally ☐ Other (describe below)

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

Name of road/street: CONCESSION 738 TOWNSEND

Existing or proposed access to SEVERED lands:

- ☐ Unopened road ☒ Provincial highway  
☐ Municipal road maintained all year ☐ Right-of-way  
☐ Municipal road maintained seasonally ☐ Other (describe below)

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

Name of road/street: Hwy #24

**I. OTHER INFORMATION**

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

Parcel had the attached development application on title which permits the building of an additional residence on the retained lands and the owner wishes to preserve this right on the retained lands.





Working together with our community  
to provide quality services.

## Evaluation Form for Existing On-Site Sewage Systems

Date: July 2019

Property Information		Municipal Address:	
3412 Hwy 24 WATERFORD ON NOE 140			
Owner:	SITKO FARMS INC.	Lot:	1
Concession:		Concession:	7
Lot Area:	Lot Frontage: 71.39 m	Assessment Roll No.	336-030-93100-0000
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 SURPLUS SEVERANCE		
BUILDING INFORMATION	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Agricultural		
Building Area:	1952 sq'	No. of Bedrooms:	4
No. of Fixture Units:	12	Is the building currently occupied? Yes / No If No, how long?	
EVALUATOR'S INFORMATION	Evaluator's Name:		Company Name:
DAVE DUESLING	DAVE DUESLING TR & EXC.		
Address:	Waterford		Postal Code:
			NOE 140
Email:			Phone:
			(519) 443-5496
			BCIN#
			13358
SITE EVALUATION	Ground Cover (trees, bushes, grass, impermeable surface):		Soil Type:
	GRASS		SAND
Site Slope:	<input checked="" type="checkbox"/> Flat <input type="checkbox"/> Moderate <input type="checkbox"/> Steep	Soil Conditions:	Depth of Water Table:
		<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry	NOT A PROBLEM ft.
Surface Discharge Observed:	Yes <input checked="" type="checkbox"/> No	Odour Detected:	Current Weather (at time of evaluation):
		Yes <input checked="" type="checkbox"/> No	SUNNY 17°
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:	Size:		Pump:
<input type="checkbox"/> Pre-cast <input type="checkbox"/> Plastic <input type="checkbox"/> Fibre Glass <input type="checkbox"/> Wood <input type="checkbox"/> Other	X70 Gal		Yes <input checked="" type="checkbox"/> No
Distribution System:	No. of Tile Runs:	Total Length of Tile:	Distance Between Tile Runs:
Area: <input type="checkbox"/> Trench Bed <input type="checkbox"/> Filter Medium	6	300'	6'
Tile Material:	Ends:	Cover:	
<input type="checkbox"/> PVC <input type="checkbox"/> Clay <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Capped <input type="checkbox"/> Joined	<input type="checkbox"/> Filter Cloth <input type="checkbox"/> Sand <input type="checkbox"/> Top Soil <input checked="" type="checkbox"/> Seeded	
Setbacks:	Tank		Distribution Pipe
Distance to Buildings & Structures (ft)			
Distance to Bodies of Water (ft)			
Distance to Nearest Well (ft)			
Distance to Proposed Property Lines	Front _____ Rear _____ Side _____ Side _____		Front _____ Rear _____ Side _____ Side _____

**OVERALL SYSTEM RATING**

GOOD

☒ 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.

**REPRESENTATIVE**

I, SONJA NEUMAN (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.

[Signature]  
Owner SignatureMay 27, 2015  
Date**EVALUATOR**

1. I, DAVE DUESCHING 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.

[Signature]  
Evaluator SignatureMay 18/15  
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





## On Site Sewage Disposal System Location Plan

DATE: May 22, 2015

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

OWNER: SITKO FARMS INC

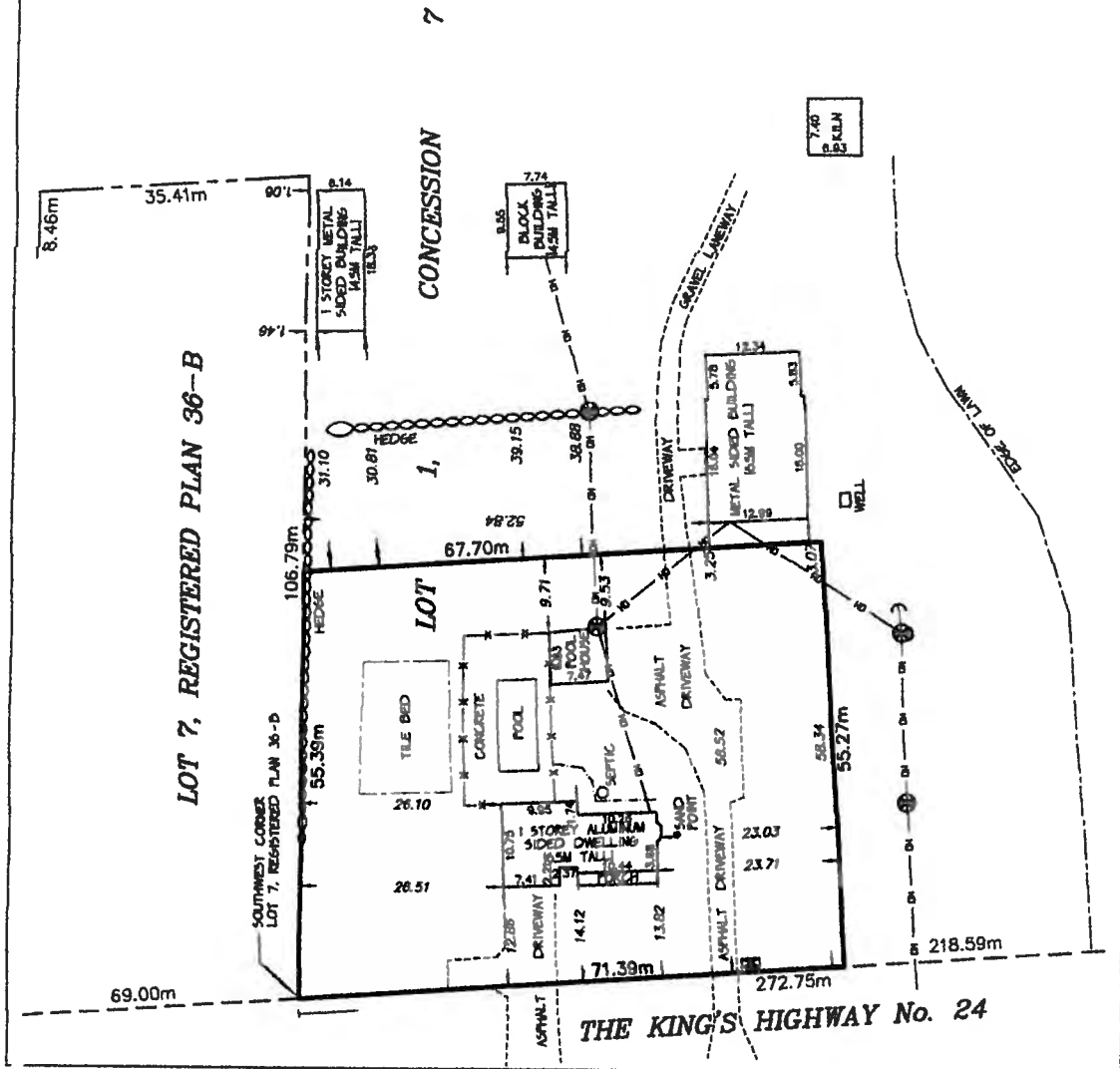
EVALUATOR: DAVE DUESLING

PROPERTY ADDRESS: \_\_\_\_\_

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: See attached survey sketch to  
severance application.

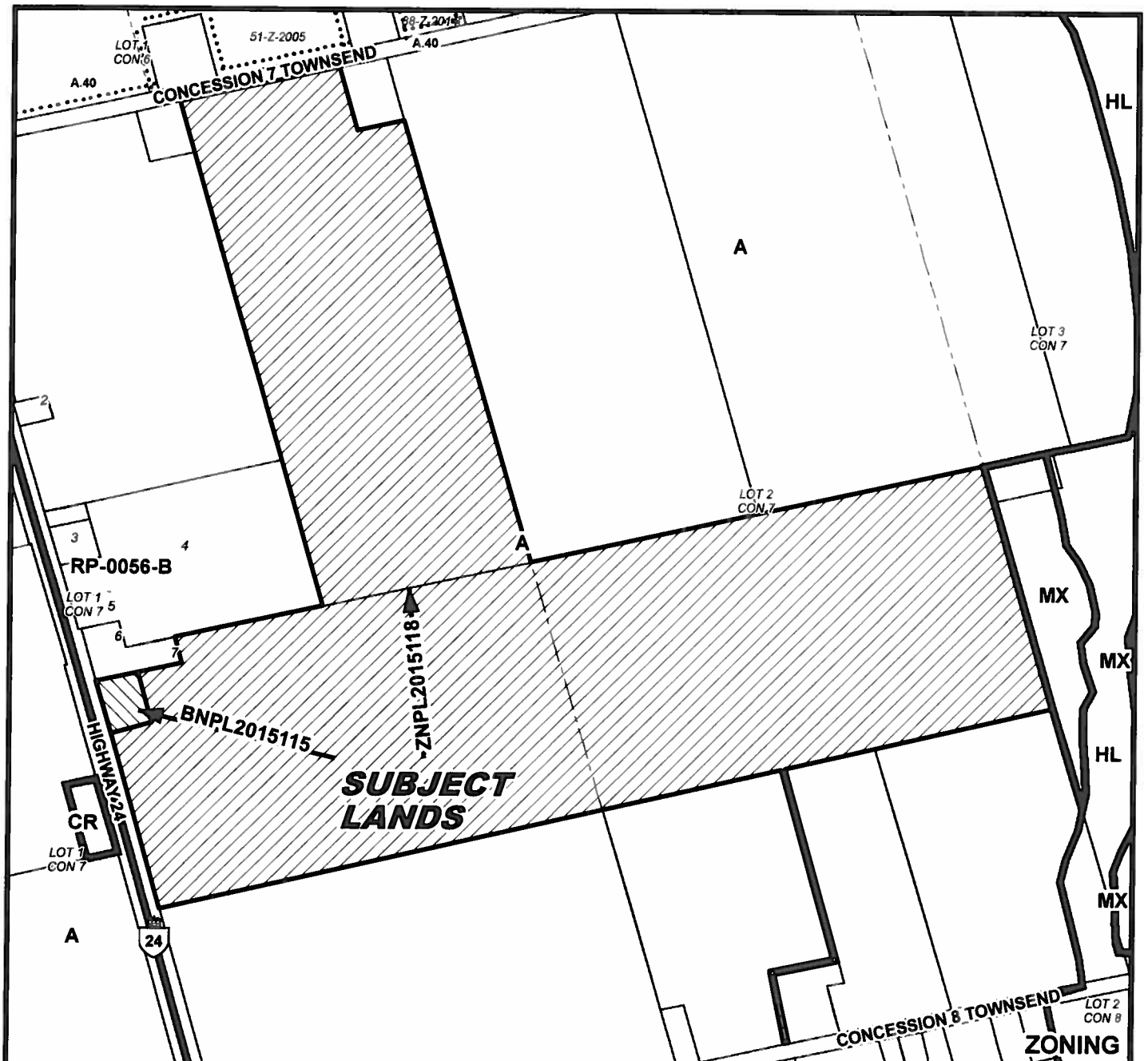
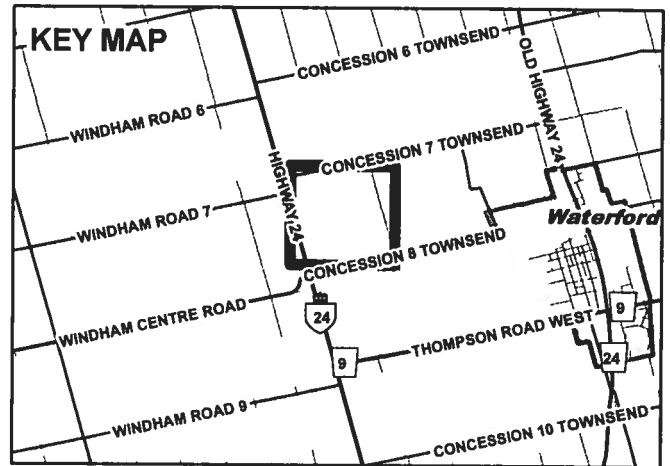
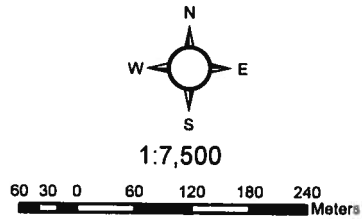
JOB # 15-840



# MAP 1

File Number: BNPL2015115 &  
ZNPL2015118

Geographic Township of  
**TOWNSEND**

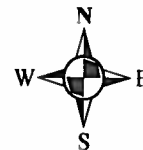




# MAP 2

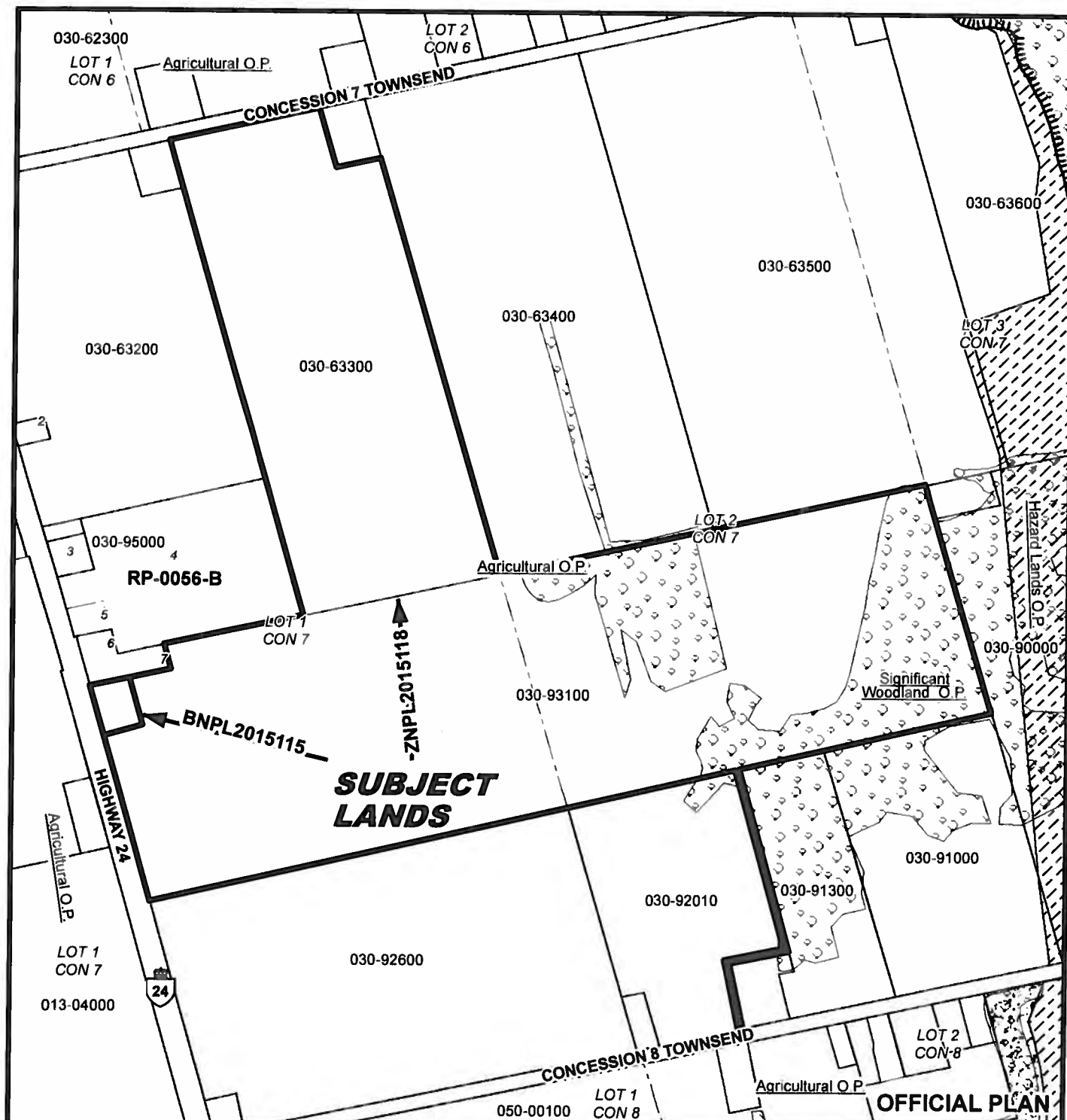
File Number: BNPL2015115 & ZNPL2015118

Geographic Township of TOWNSEND



30150 30 60 90 120  
Meters

1:7,500



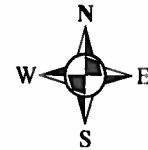
OFFICIAL PLAN

13/07/2015

# MAP 3

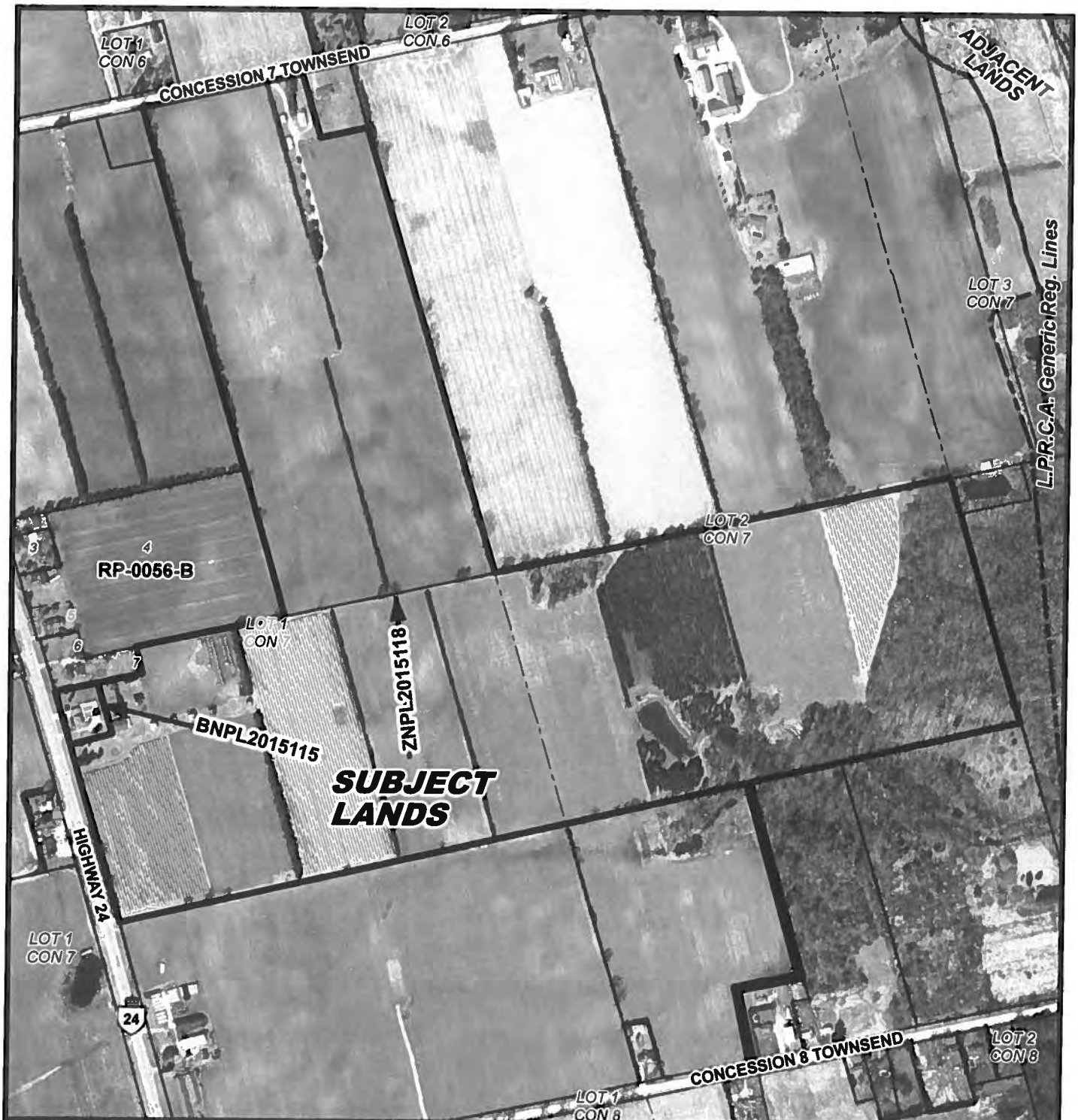
File Number: BNPL2015115 & ZNPL2015118

Geographic Township of TOWNSEND



25 50 75 100 Meters

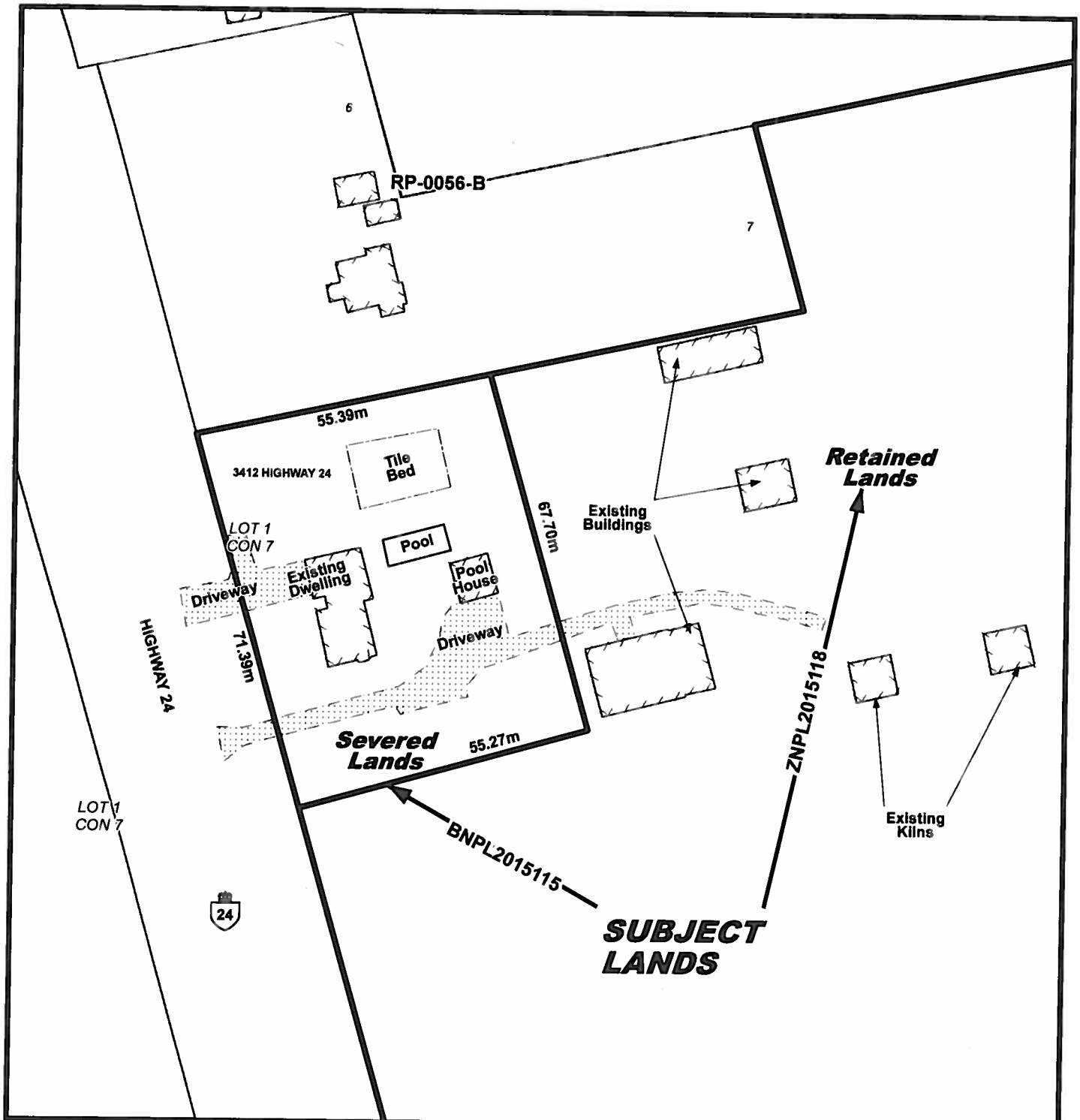
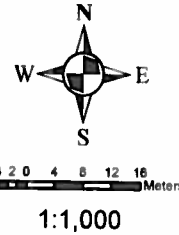
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# MAP 4

File Number: BNPL2015115 & ZNPL2015118

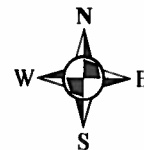
Geographic Township of TOWNSEND



# MAP 5

File Number: BNPL2015115 & ZNPL2015118

Geographic Township of TOWNSEND



25 50 75 100 Meters

1:7,000

