

CONSENT / SEVERANCE

File Number	<u>BNPL2017090</u>	Application Fee	<u>\$1842</u>
Related File Number	<u>-</u>	Conservation Authority Fee	<u>\$231.65</u>
Pre-consultation Meeting On	<u>-</u>	OSSD Form Provided	<u>May 10/17</u>
Application Submitted On	<u>MAY 10/17</u>	Sign Issued	<u>May 10/17</u>
Complete Application On	<u>MAY 10/17</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- 54 3020 39600

- | | |
|--|---|
| <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	<u>BRADLEY SQUIRES</u>	Phone #	<u>519-586-3743</u>
Address	<u>1024 3RD CONCESSION</u>	Fax #	<u></u>
Town / Postal Code	<u>PORT ROWAN ON NOE 1MO</u>	E-mail	<u></u>

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

AGENT INFORMATION

Name of Agent	<u>MYRON GRAVES</u>	Phone #	<u>519 718 0060</u>
Address	<u>13 CONCESSION ST.</u>	Fax #	<u></u>
Town / Postal Code	<u>WALSINGHAM ON NOE 1X0</u>	E-mail	<u>mag22@live.ca</u>

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

Name of Owners ²	<u>BRADLEY SQUIRES</u>	Phone #	<u>519 586 3743</u>
Address	<u>1024 3RD CONCESSION</u>	Fax #	<u></u>
Town / Postal Code	<u>PORT ROWAN ON NOE 1MO</u>	E-mail	<u></u>

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

Geographic Township	<u>S.WAL NORFOLK</u>	Urban Area or Hamlet	
Concession Number	<u>3RD</u>	Lot Number(s)	
Registered Plan Number		Lot(s) or Block Number(s)	
Reference Plan Number		Part Number(s)	
Frontage (metres/feet)	<u>2960 m</u>	Depth (metres/feet)	<u>608m</u>
Width (metres/feet)	<u>333 m</u>	Lot area (m ² / ft ² or hectares/acres)	<u>48.98 acres</u>
Municipal Civic Address	<u>1700 Hwy 59</u>	<u>PORT ROWAN ON NOE 1 MG</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):

TO MAKE LOT BIGGER NEED TREES ON WEST SIDE OF LOT FOR
WIND BREAK & TO INCLUDE HELL ON EAST SIDE OF LOT
NIGHTFIRE DILLUTION

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

Bradley & Doreen Squires

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

3310 - 543 - 020 - 274 - 00
BRADLEY & DOREEN SQUIRES

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
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	

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) 36.524m
IRREGULAR FRONTAGE
 Width (metres/feet) 74.676m
IRREGULAR WIDTH
 Depth (metres/feet) 56.39m
 Lot area (m² / ft² or hectares/acres) 2117.8 m²
 * PROPOSED FINAL LOT SIZE (if boundary adjustment) 1.04 A

Existing use: NON VIABLE FARM LAND

Proposed use: RESIDENTIAL LOT

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:

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

Frontage (metres/feet)

100.00m

Depth (metres/feet)

Width (metres/feet)

100.00m

Lot area (m² / ft² or hectares/acres)

49.46 A

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:

ABE

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:

AK

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

Present zoning:

Agricultural

Is there a site specific zone on the subject lands?

No.

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:

Personal information

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 type="checkbox"/> No ____ distance
Wooded area	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 142m 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 156.52m 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) _____

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) _____

- 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: 3RD CONCESSION ROAD

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: 3RD CONCESSION ROAD

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.

N. DECLARATION

I, MYRON GRAVES of WALSINGHAM solemnly declare that:
all of the above statements and the statements contained in all of the exhibits transmitted herewith are true and I
make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and
effect as if made under oath and by virtue of The Canada Evidence Act.

Declared before me at:

185 Robinson Street.
In Simcoe, ON Owner/Applicant/Agent Signature

This 10th day of May A.D., 20 17

[Signature]
A Commissioner, etc.

ALISHA KATHLEEN CULL, a
Commissioner, etc., Province of Ontario.
for the Corporation of Norfolk County.
Expires April 28, 2019.

O. OWNER'S AUTHORIZATION

If the applicant is not the registered owner of the lands that is the subject of this development application, the
owner must complete the authorization set out below.

I/We Brad & Doreen SQUIRES am/are the registered owner(s) of the lands that is the subject of this
development application for consent / severance and I/We authorize Myron Graves to
make this development application on my/our behalf and to provide any of my/our personal information
necessary for the processing of this development application. Moreover, this shall be your good and sufficient
authorization for so doing.

Bradley Squires
Owner
Doreen Squires
Owner

Nov 8/16
Date
Nov 8/16
Date



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: 1024 3rd Ave Port Rowan NOE 1 M 0			
Owner: Brad Squires			Lot:		Concession:
Lot Area:		Lot Frontage:		Assessment Roll No.	
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 checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural			
Building Area: 1200		No. of Bedrooms: 3		No. of Fixture Units: 16	
Is the building currently occupied? <input checked="" type="checkbox"/> Yes / No If No, how long?					
EVALUATOR'S INFORMATION		Evaluator's Name: JACK GRANGER		Company Name: Granger EX	
Address: 1770 3rd Ave ST Williams		Postal Code: NOE 1 P 0		Phone: 519 586 7620	
Email:		BCIN #		23318	
SITE EVALUATION		Ground Cover (trees, bushes, grass, impermeable surface): Grass			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: 8 ft.	
Surface Discharge Observed: Yes <input checked="" type="checkbox"/> NO		Odour Detected: Yes <input checked="" type="checkbox"/> NO		Current Weather (at time of evaluation): Clear NO SNOW	
SYSTEM EVALUATION		Class of System: <input type="checkbox"/> 1 (Privy) <input type="checkbox"/> 2 (Greywater) <input type="checkbox"/> 3 (Cesspool) <input 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: Area: <input checked="" type="checkbox"/> Trench Bed <input type="checkbox"/> Filter Medium		No. of Tile Runs: 6		Total Length of Tile: 60'	
Distance Between Tile Runs: 5'					
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 checked="" type="checkbox"/> Filter Cloth <input checked="" type="checkbox"/> Sand <input checked="" type="checkbox"/> Top Soil <input checked="" type="checkbox"/> Seeded	
Setbacks:		Tank		Distribution Pipe	
Distance to Buildings & Structures (ft)		12 feet		30'	
Distance to Bodies of Water (ft)					
Distance to Nearest Well (ft)		100 feet		140	
Distance to Proposed Property Lines		Front 120 Rear 70 Side 80 Side 60		Front 140 Rear 10 Side 80 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**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 working good 2 chamber TANK
800 gal

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, BRAD SQUIRES (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.

Bradley Squires
Owner Signature

Date

May 10/17**EVALUATOR:**

1. I, JACK GRANGER 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 Granger
Evaluator Signature

Date

March 17/17**BUILDING DIVISION COMMENTS**

Comments: _____

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

Chief Building Official or designate

Date



On Site Sewage Disposal System Location Plan

DATE: _____

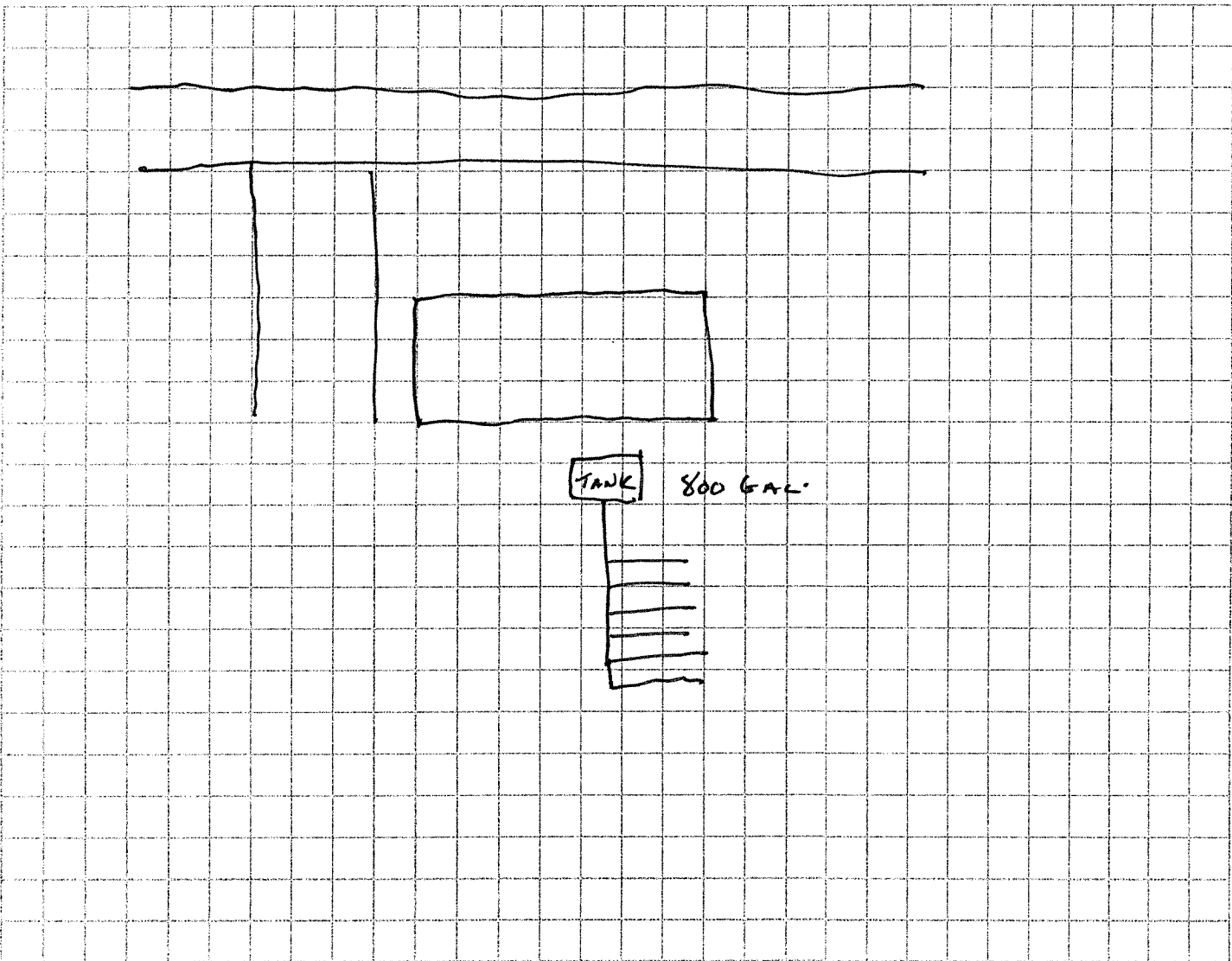
APPLICATION NUMBER: _____

OWNER _____

EVALUATOR _____

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: _____

NOTE: The above sketch is not to exact scale.

BNPL2017090

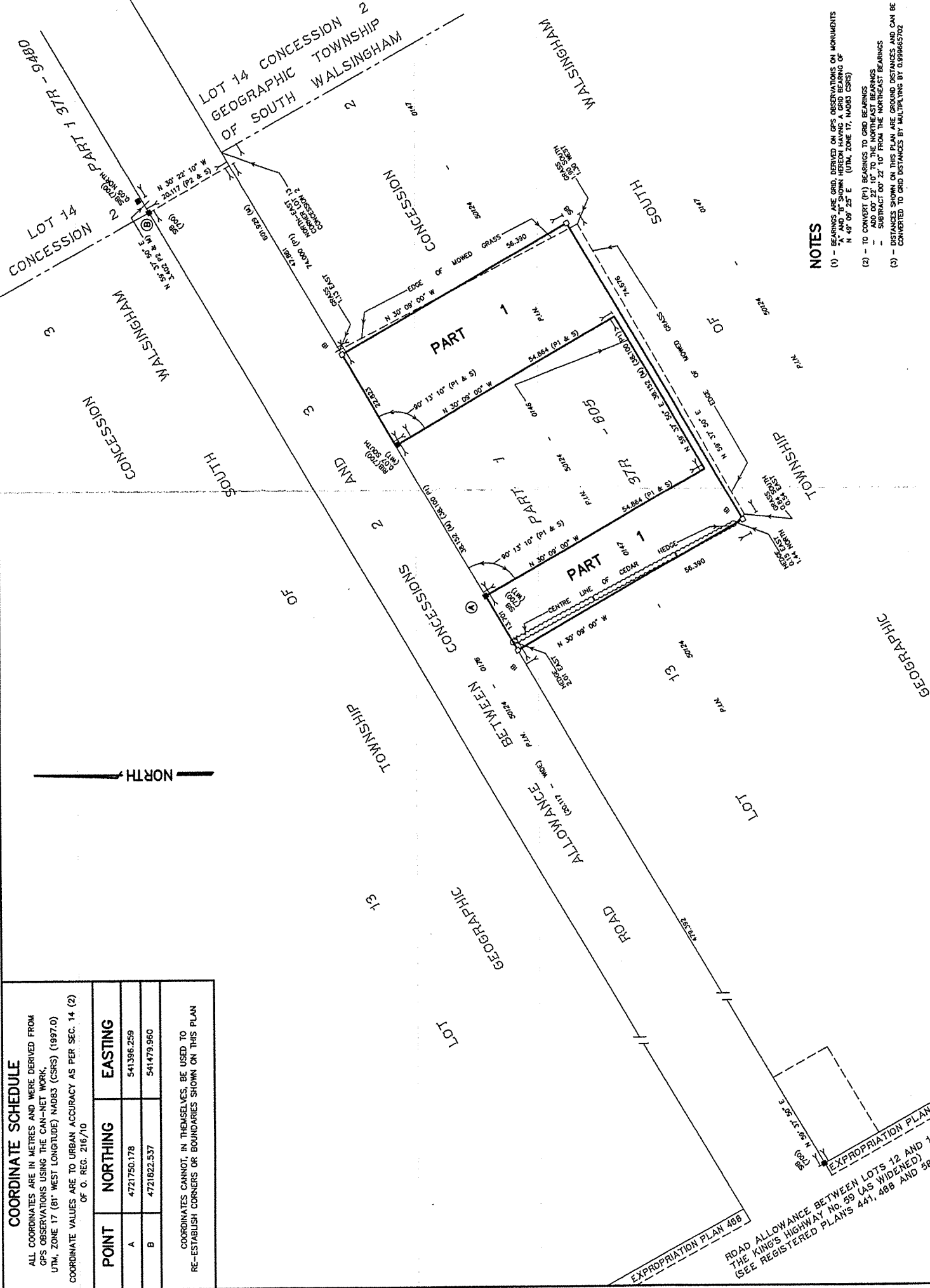
COORDINATE SCHEDULE

ALL COORDINATES ARE IN METRES AND WERE DERIVED FROM GPS OBSERVATIONS USING THE CAN-NET WORK, UTM, ZONE 17 (81° WEST LONGITUDE) NAD83 (CSRS) (1997.0) COORDINATE VALUES ARE TO URBAN ACCURACY AS PER SEC. 14 (2) OF O. REG. 216/10

POINT	NORTHING	EASTING
A	4721750.178	541396.259
B	4721822.537	541479.960

COORDINATES CANNOT, IN THEMSELVES, BE USED TO RE-ESTABLISH CORNERS OR BOUNDARIES SHOWN ON THIS PLAN

NORTH



PLAN 37R-
RECEIVED AND DEPOSITED

DATE: FEBRUARY 9, 2017

REPRESENTATIVE FOR THE
LAND REGISTRAR FOR THE
LAND TITLES DIVISION OF NORFOLK (M-37)

KIM S. HUSTED O.L.S.

PART SCHEDULE		
PART	LOT	CON
1	13	2

P.I.N.		AREA
PART OF		2117.8
50124-0147		SQUARE METRES

PLAN OF SURVEY OF
PART OF LOT 13
CONCESSION 2
GEOGRAPHIC TOWNSHIP OF SOUTH WALSINGHAM
IN
NORFOLK COUNTY

SCALE - 1: 500

METRIC
DISTANCES AND COORDINATES SHOWN ON THIS PLAN ARE IN METRES
AND CAN BE CONVERTED TO FEET BY DIVIDING BY 0.3048

KIM HUSTED SURVEYING LTD.

SURVEYOR'S CERTIFICATE

I CERTIFY THAT
(1) - THIS SURVEY AND PLAN ARE CORRECT AND IN ACCORDANCE WITH
THE SURVEY ACT, THE SURVEYORS ACT AND THE LAND TITLES ACT AND THE
REGULATIONS MADE UNDER THEM
(2) - THIS SURVEY WAS COMPLETED ON THE 13th DAY OF JANUARY, 2017

FEBRUARY 9, 2017
DATE

KIM S. HUSTED
ONTARIO LAND SURVEYOR

LEGEND

- DENOTES SURVEY MONUMENT FOUND
- DENOTES SURVEY MONUMENT SET
- DENOTES IRON PIPES
- DENOTES IRON BAR
- DENOTES ROUND IRON BAR
- DENOTES IRON PIPES
- DENOTES DEPOSITED PLAN 37R-605
- DENOTES DEPOSITED PLAN 37R-5480
- DENOTES H.V. JEWETT O.L.S.
- DENOTES MEASURED
- DENOTES PROPERTY IDENTIFIER NUMBER

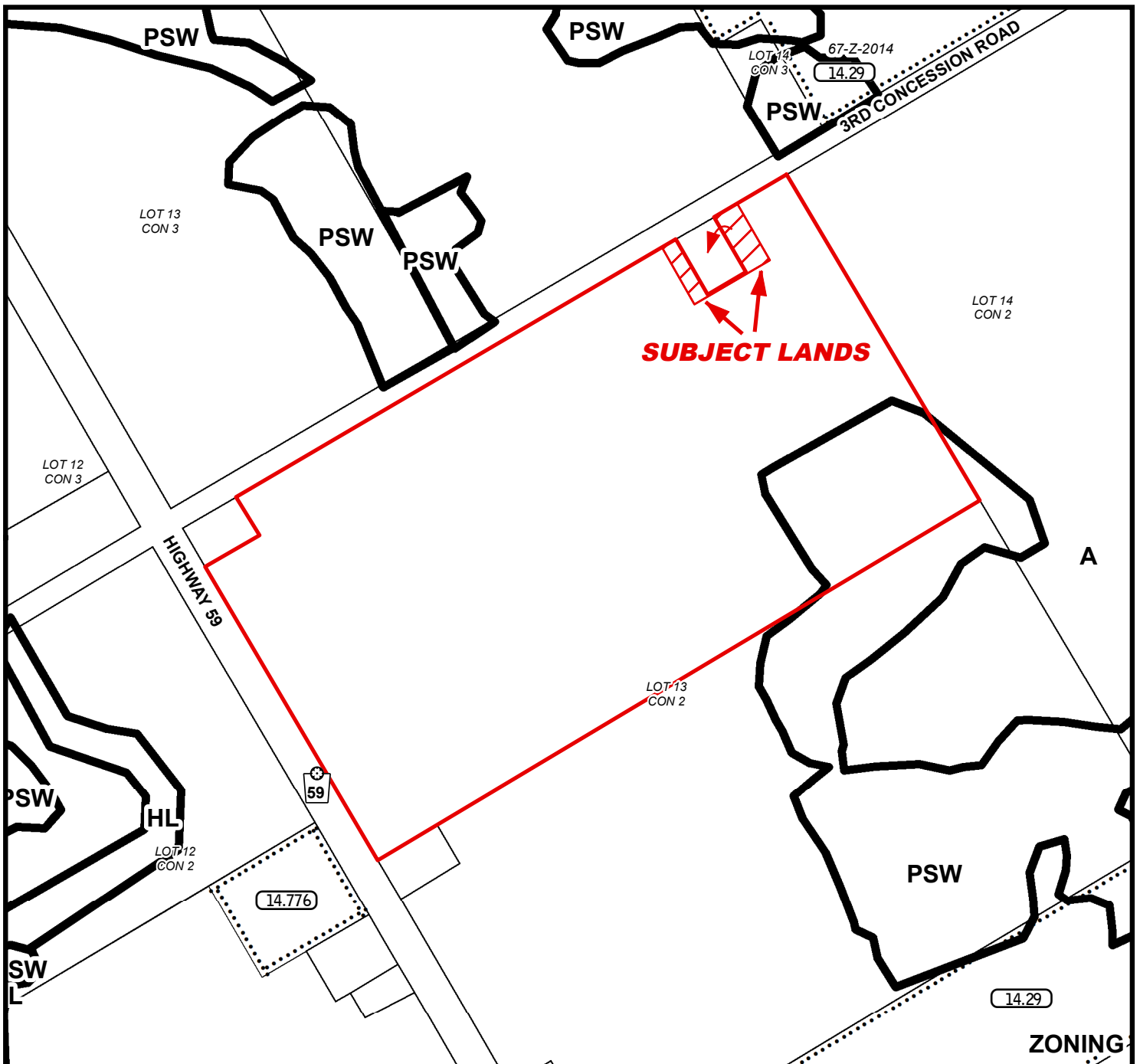
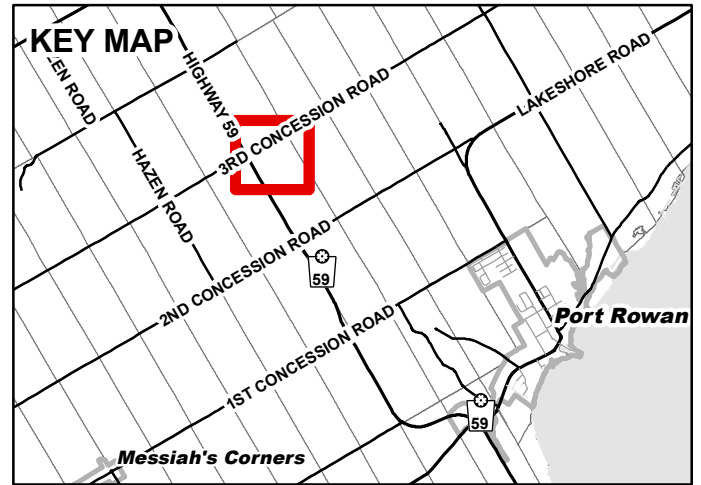
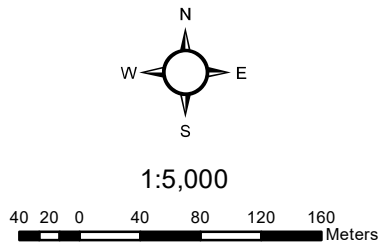
NOTES

- (1) - BEARINGS ARE GRID, DERIVED ON GPS OBSERVATIONS ON MONUMENTS
"A" AND "B" SHOWN HEREON HAVING A GRID BEARING OF
N 45° 09' 25" E (UTM, ZONE 17, NAD83 CSRS)
- (2) - TO CONVERT (R1) BEARINGS TO GRID BEARINGS
- ADD 00° 22' 10" TO THE NORTHEAST BEARINGS
- SUBTRACT 00° 22' 10" FROM THE SOUTHWEST BEARINGS
(3) - DISTANCES SHOWN ON THIS PLAN ARE GROUND DISTANCES AND CAN BE
CONVERTED TO GRID DISTANCES BY MULTIPLYING BY 0.99965702

KIM HUSTED SURVEYING LTD.
ONTARIO LAND SURVEYOR
30 HARVEY STREET, TILLSBURG ONTARIO, N4G 3A8
PHONE: 519-842-3638 FAX: 519-842-3639

PROJECT: 16-12671RP REFERENCE: FFB DSK No. 644 DWG. DES. CDD. BY

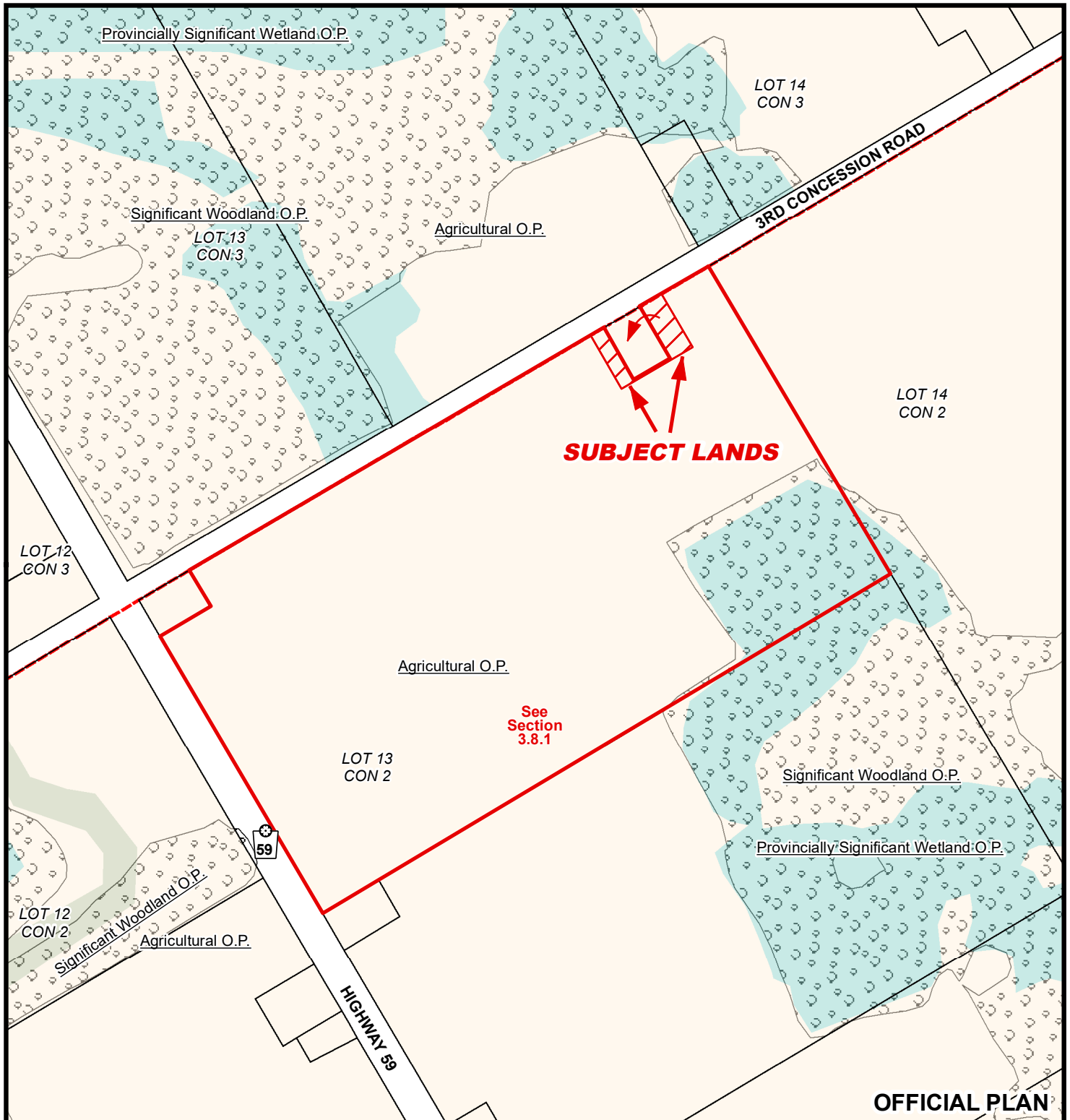
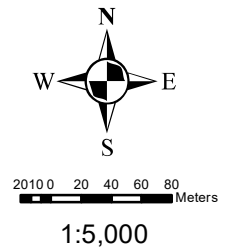
MAP 1
File Number: BNPL2017090
Geographic Township of
SOUTH WALSHINGHAM



MAP 2

File Number: BNPL2017090

Geographic Township of SOUTH WALSHINGHAM



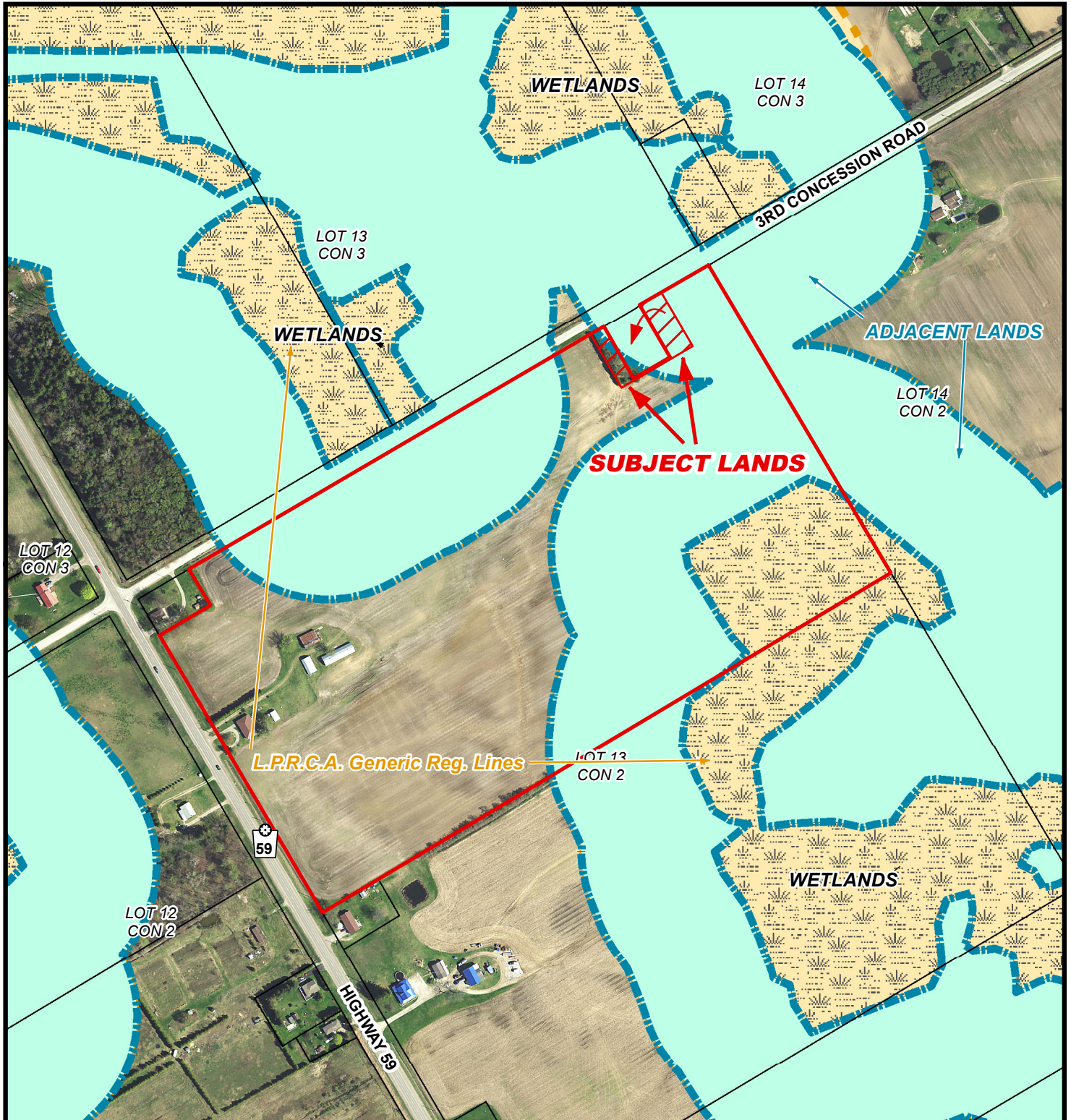
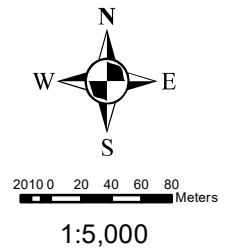
OFFICIAL PLAN

5/24/2017

MAP 3

File Number: BNPL2017090

Geographic Township of SOUTH WALSINGHAM



MAP 4

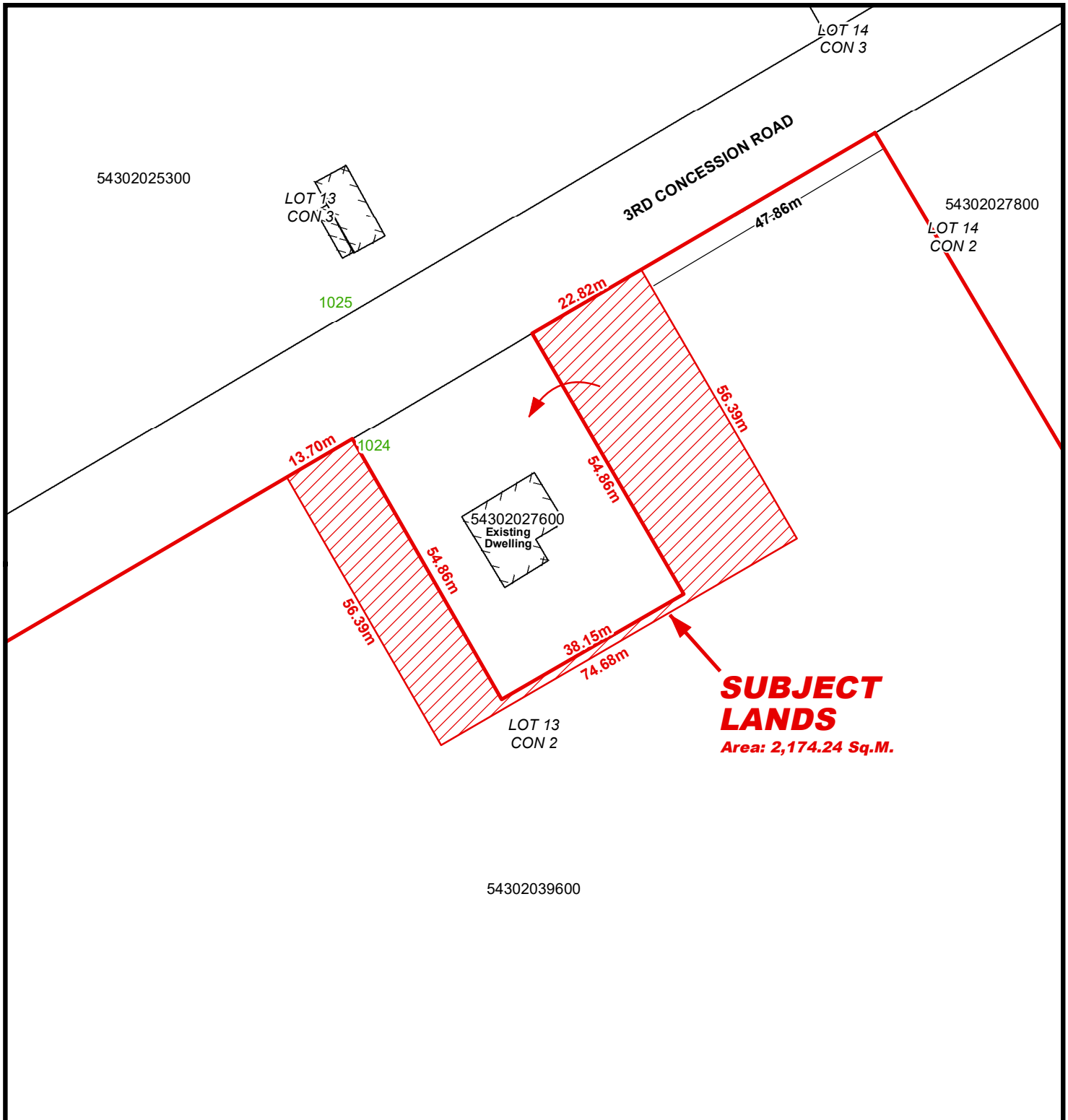
File Number: BNPL2017090

Geographic Township of SOUTH WALSINGHAM



4 2 0 4 8 12 16 Meters

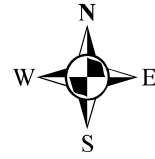
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LOCATION OF LANDS AFFECTED

File Number: BNPL2017090

Geographic Township of SOUTH WALSINGHAM



4 2 0 4 8 12 16 Meters

1:1,000

