

For Office Use Only:

File Number

Related File Number

Pre-consultation Meeting

Application Submitted

Complete Application

ANPL 2021 007

BNPL 2021 000

Dec 22/20

Jan 7/21

Application Fee

Conservation Authority Fee

Well & Septic Info Provided

Planner

Public Notice Sign

1529- *4290
2761-

N. Woodbridge

Check the type of planning application(s) you are submitting.

- ☒ Consent/Severance/Boundary Adjustment
☐ Surplus Farm Dwelling Severance and Zoning By-law Amendment
☒ Minor Variance
☐ Easement/Right-of-Way

Property Assessment Roll Number: 443 030 08000

A. Applicant Information

Name of Owner

Johann K Froese & Helena H Froese

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.

Address

1636 Forestry Farm Rd. RR6 Simcoe

Town and Postal Code

Simcoe N3Y 4K5

Phone Number

519 875 1148 *Referenced-

Cell Number

519 410 6000

Email

johanfroze@gmail.com (correspond only)

Name of Applicant

Johann K Froese

Address

1636 Forestry Farm Rd. RR6

Town and Postal Code

Simcoe N3Y 4K5

Phone Number

519 875 1148

Cell Number

519 410 6000

Email

Name of Agent

Address

Town and Postal Code

Phone Number

Cell Number

Email

Please specify to whom all communications should be sent. Unless otherwise directed, all correspondence and notices in respect of this application will be forwarded to the agent noted above.

☒ Owner

☐ Agent

☐ Applicant

Names and addresses of any holder of any mortgagees, charges or other encumbrances on the subject lands:

B. Location, Legal Description and Property Information

1. Legal Description (include Geographic Township, Concession Number, Lot Number, Block Number and Urban Area or Hamlet):

CHR PLAN 608 BLK 2 PT LOT 1 & 2

Municipal Civic Address: 1636 Forestry Farm Road

Present Official Plan Designation(s): Hamlet

Present Zoning: RH

2. Is there a special provision or site specific zone on the subject lands?

☒ Yes ☒ No If yes, please specify:

3. Present use of the subject lands:

Residential Hamlet

4. Please describe **all existing** buildings or structures on the subject lands and whether they are to be retained, demolished or removed. If retaining the buildings or structures, please describe the type of buildings or structures, and illustrate the setback, in metric units, from front, rear and side lot lines, ground floor area, gross floor area, lot coverage, number of storeys, width, length, and height on your attached sketch which must be included with your application:

1 Single detached dwelling, 3 out buildings

5. If an addition to an existing building is being proposed, please explain what it will be used for (for example a bedroom, kitchen, or bathroom). If new fixtures are proposed, please describe.

6. Please describe **all proposed** buildings or structures/additions on the subject lands. Describe the type of buildings or structures/additions, and illustrate the setback, in metric units, from front, rear and side lot lines, ground floor area, gross floor area, lot coverage, number of storeys, width, length, and height on your attached sketch which must be included with your application:

Not at this time

7. Are any existing buildings on the subject lands designated under the *Ontario Heritage Act* as being architecturally and/or historically significant? Yes ☐ No ☒

If yes, identify and provide details of the building:

8. If known, the length of time the existing uses have continued on the subject lands:

100+ years

9. Existing use of abutting properties:

Residential

10. Are there any easements or restrictive covenants affecting the subject lands?

☐ Yes ☒ No If yes, describe the easement or restrictive covenant and its effect:

C. Purpose of Development Application

Note: Please complete all that apply.

1. Site Information

Existing

Proposed

Please indicate unit of measurement, for example: m, m² or %

Lot frontage	<u>63.57m</u>	<u>45.1m</u>
Lot depth	<u>138.6m</u>	<u>138.6m</u>
Lot width	<u>61.4m</u>	<u>31.7m</u>
Lot area	<u>8632.4sqm</u>	<u>41946.7sqm</u>
Lot coverage	<u></u>	<u></u>
Front yard	<u>no change</u>	<u></u>
Rear yard	<u>no change</u>	<u></u>
Left Interior side yard	<u>no change</u>	<u></u>
Right Interior side yard	<u>29.87m</u>	<u>11.58m</u>
Exterior side yard (corner lot)	<u></u>	<u></u>

2. Please outline the relief requested (assistance is available):

Allow a lot frontage of 18.4m instead of 30m
Allow a lot area of 3685.7sqm instead of 4000 sqm

3. Please explain why it is not possible to comply with the provision(s) of the Zoning By-law:

Based on location and maintaining access to
existing buildings

4. Description of land intended to be severed in metric units:

Frontage: 18.4 M
Depth: 138.6 M
Width: 29.7 M
Lot Area: 3685 SQM
Present Use: Residential
Proposed Use: Residential

Proposed final lot size (if boundary adjustment): _____

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

Description of land intended to be retained in metric units:

Frontage: 45.1 m

Depth: 136.2 m

Width: 31.7 m

Lot Area: 4946.7 sq.m

Present Use: Residential

Proposed Use: Residential

Buildings on retained land: House and 3 out buildings

5. Description of proposed right-of-way/easement in metric units:

Frontage: _____

Depth: _____

Width: _____

Area: _____

Proposed Use: _____

6. List all properties in Norfolk County, which are owned and farmed by the applicant and involved in the farm operation:

Owners Name: _____

Roll Number: _____

Total Acreage: _____

Workable Acreage: _____

Existing Farm Type: (for example: corn, orchard, livestock) _____

Dwelling Present?: ☐ Yes ☐ No If yes, year dwelling built _____

Owners Name: John
Roll Number: _____
Total Acreage: _____
Workable Acreage: _____
Existing Farm Type: (for example: corn, orchard, livestock) _____
Dwelling Present?: ☐ Yes ☐ No If yes, year dwelling built _____

Owners Name: _____
Roll Number: _____
Total Acreage: _____
Workable Acreage: _____
Existing Farm Type: (for example: corn, orchard, livestock) _____
Dwelling Present?: ☐ Yes ☐ No If yes, year dwelling built _____

Owners Name: _____
Roll Number: _____
Total Acreage: _____
Workable Acreage: _____
Existing Farm Type: (for example: corn, orchard, livestock) _____
Dwelling Present?: ☐ Yes ☐ No If yes, year dwelling built _____

Note: If additional space is needed please attach a separate sheet.

D. Previous Use of the Property

1. Has there been an industrial or commercial use on the subject lands or adjacent lands? ☐ Yes ☒ No ☐ Unknown
If yes, specify the uses (for example: gas station, or petroleum storage):

2. Is there reason to believe the subject lands may have been contaminated by former uses on the site or adjacent sites? ☐ Yes ☒ No ☐ Unknown

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

Owner's knowledge

4. If you answered yes to any of the above questions in Section D, 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

E. Provincial Policy

1. Is the requested amendment 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:

2. It is owner's responsibility to be aware of and comply with all relevant federal or provincial legislation, municipal by-laws or other agency approvals, including the Endangered Species Act, 2007. Have the subject lands been screened to ensure that development or site alteration will not have any impact on the habitat for endangered or threatened species further to the provincial policy statement subsection 2.1.7? ☐ Yes ☒ No

If no, please explain:

Subject lands is in a Hamlet

3. Have the subject lands been screened to ensure that development or site alteration will not have any impact on source water protection? ☒ Yes ☐ No

If no, please explain:

Note: If in an area of source water Wellhead Protection Area (WHPA) A, B or C please attach relevant information and approved mitigation measures from the Risk Manager Official.

4. Are any of the following uses or features on the subject lands or within 500 metres of the subject lands, unless otherwise specified? Please check boxes, if applicable.

Livestock facility or stockyard (submit MDS Calculation with application)

☐ On the subject lands or ☐ within 500 meters – distance _____

Wooded area

☐ On the subject lands or ☒ within 500 meters – distance Adjacent

Municipal Landfill

☐ On the subject lands or ☐ within 500 meters – distance _____

Sewage treatment plant or waste stabilization plant

☐ On the subject lands or ☐ within 500 meters – distance _____

Provincially significant wetland (class 1, 2 or 3) or other environmental feature

☐ On the subject lands or ☐ within 500 meters – distance _____

Floodplain

☐ On the subject lands or ☐ within 500 meters – distance _____

Rehabilitated mine site

☐ On the subject lands or ☐ within 500 meters – distance _____

Non-operating mine site within one kilometre

☐ On the subject lands or ☐ within 500 meters – distance _____

Active mine site within one kilometre

☐ On the subject lands or ☐ within 500 meters – distance _____

Industrial or commercial use (specify the use(s))

☐ On the subject lands or ☐ within 500 meters – distance _____

Active railway line

☐ On the subject lands or ☐ within 500 meters – distance _____

Seasonal wetness of lands

☐ On the subject lands or ☐ within 500 meters – distance _____

Erosion

☐ On the subject lands or ☐ within 500 meters – distance _____

Abandoned gas wells

☐ On the subject lands or ☒ within 500 meters – distance Approx 125m

F. Servicing and Access

1. Indicate what services are available or proposed:

Water Supply

- | | |
|--|---|
| <input type="checkbox"/> Municipal piped water | <input type="checkbox"/> Communal wells |
| <input checked="" type="checkbox"/> Individual wells | <input type="checkbox"/> Other (describe below) |
-

Sewage Treatment

- | | |
|--|---|
| <input type="checkbox"/> Municipal sewers | <input type="checkbox"/> Communal system |
| <input checked="" type="checkbox"/> Septic tank and tile bed in good working order | <input type="checkbox"/> Other (describe below) |
-

Storm Drainage

- | | |
|---|--|
| <input type="checkbox"/> Storm sewers | <input checked="" type="checkbox"/> Open ditches |
| <input type="checkbox"/> Other (describe below) | |
-

2. Existing or proposed access to subject lands:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Municipal road | <input type="checkbox"/> Provincial highway |
| <input type="checkbox"/> Unopened road | <input type="checkbox"/> Other (describe below) |

Name of road/street:

Forestry Farm Road

G. Other Information

1. Does the application involve a local business? ☐ Yes ☒ No

If yes, how many people are employed on the subject lands?

2. Is there any other information that you think may be useful in the review of this application? If so, explain below or attach on a separate page.

H. Supporting Material to be submitted by Applicant

In order for your application to be considered complete, folded hard copies (number of paper copies as directed by the planner) and an **electronic version (PDF) of the site plan drawings, additional plans, studies and reports** will be required, including but not limited to the following details:

1. Concept/Layout Plan
2. All measurements in metric
3. Existing and proposed easements and right of ways
4. Parking space totals – required and proposed
5. All dimensions of the subject lands
6. Dimensions and setbacks of all buildings and structures
7. Location and setbacks of septic system and well from all existing and proposed lot lines, and all existing and proposed structures
8. Names of adjacent streets
9. Natural features, watercourses and trees

In addition, the following additional plans, studies and reports, including but not limited to, **may** also be required as part of the complete application submission:

- ☐ Zoning Deficiency Form
- ☒ On-Site Sewage Disposal System Evaluation Form (to verify location and condition)
- ☐ Environmental Impact Study
- ☐ Geotechnical Study / Hydrogeological Review
- ☐ Minimum Distance Separation Schedule
- ☐ Record of Site Condition

Your development approval might also be dependent on Ministry of Environment Conservation and Parks, Ministry of Transportation or other relevant federal or provincial legislation, municipal by-laws or other agency approvals.

All final plans must include the owner's signature as well as the engineer's signature and seal.

I. Transfers, Easements and Postponement of Interest

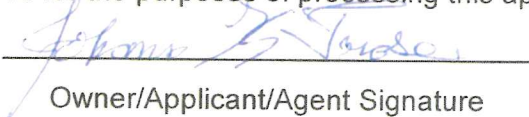
The owner acknowledges and agrees that if required it is their solicitor's responsibility on behalf of the owner for the registration of all transfer(s) of land to the County, and/or transfer(s) of easement in favour of the County and/or utilities. Also, the owner further acknowledges and agrees that it is their solicitor's responsibility on behalf of the owner for the registration of postponements of any charges in favour of the County.

Permission to Enter Subject Lands

Permission is hereby granted to Norfolk County officers, employees or agents, to enter the premises subject to this application for the purposes of making inspections associated with this application, during normal and reasonable working hours.

Freedom of Information

For the purposes of the *Municipal Freedom of Information and Protection of Privacy Act*, I authorize and consent to the use by or the disclosure to any person or public body any information that is collected under the authority of the *Planning Act*, R.S.O. 1990, c. P. 13 for the purposes of processing this application.


Owner/Applicant/Agent Signature

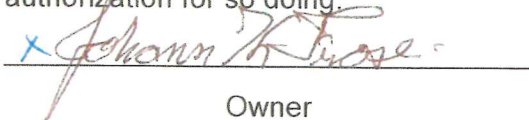
Nov. 13, 2020.
Date

J. Owner's Authorization

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

I/We _____ am/are the registered owner(s) of the lands that is the subject of this application.

I/We authorize _____ to make this application on my/our behalf and to provide any of my/our personal information necessary for the processing of this application. Moreover, this shall be your good and sufficient authorization for so doing.


Owner

November 13, 2020
Date

Owner

Date

K. Declaration

I, _____ of _____

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:

Helena Freese

John K. Freese
Owner/Applicant/Agent Signature

In NORFOLK COUNTY

This 13th day of NOVEMBER

A.D., 20____

Sherry Ann Mott

A Commissioner, etc.

Sherry Ann Mott, a
Commissioner, etc., Province of Ontario,
for the Corporation of Norfolk County.
Expires January 5, 2023.



Working together with our community
to provide quality services.

Completed by a septic installer

Johan H. Freese

519 410 6000

Instructions for completing the Evaluation Form for Existing On-Site Sewage Systems

General Information Applicable to Sewage Evaluations:

1. Please complete the following form by checking appropriate lines and filling out blanks.
2. This Evaluation Form must be completed by a "Qualified" person engaged in the business of constructing on site, installing, repairing, servicing, cleaning or emptying sewage systems.
3. If sewage system malfunctions are found during an evaluation (surfacing or discharge of improperly treated sewage effluent) which indicate a possible health hazard or nuisance, orders may be issued for correction.
4. Evaluations should be scheduled accordingly so as not to delay the application process.
5. Completed Forms MUST be submitted **no later than 30 days** prior to the scheduled public meeting. Failure to meet this date may cause the application to be deferred.
6. Completed Forms must be returned to:

Building Division

Simcoe Office
8 Schellburg Ave.
Simcoe, ON N3Y 2J4
Fax: (519) 426-1186

Langton Office
22 Albert St.
Langton, ON N3Y 2J4
Fax: (519) 875-4789

7. Evaluation Forms will become part of the property records of Norfolk County Building Division.
8. No On-Site Sewage System Evaluation will be conducted where:
 - snow depth exceeds two (2) inches
 - where grass and brush exceeds twelve (12) inches, or
 - where a building served by the existing system has not been occupied for ninety (90) days.
9. The comments that are given as a result of this evaluation are rendered without complete knowledge or observation of some of the individual components of the sewage system and applies only to the date and time the evaluation is conducted.



Working together with our community
to provide quality services.

Evaluation Form for Existing On-Site Sewage Systems

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: 1200 sq'		No. of Bedrooms:		No. of Fixture Units:	
EVALUATOR'S INFORMATION		Evaluator's Name: ALLAN RBE		Company Name: ALLAN'S EX.	
Address: 869 CHARLOTTETOWN RD 7 SIMCOB		Postal Code: N3Y 4K5		Phone: 519 718 0112	
Email: ALLANSEXCAVATING@EMAIL.COM		BCIN # 11446			
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: OVER 5 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	
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: Area: <input type="checkbox"/> Trench Bed <input checked="" type="checkbox"/> Filter Medium		No. of Tile Runs: 5		Total Length of Tile: 100'	
Tile Material: <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Clay <input type="checkbox"/> Other _____		Ends: <input type="checkbox"/> Capped <input checked="" type="checkbox"/> Joined		Cover: <input 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)		23'		30'	
Distance to Bodies of Water (ft)		NO WATER		NO WATER	
Distance to Nearest Well (ft)		55'		65'	
Distance to Property Lines		Front 40' Rear 385' Side 50' Side 148'		Front 43' Rear 375' Side 15' Side 116'	

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:

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, Johann H Froese (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.

Johann H Froese
Owner Signature

June 14 - 2019
Date

EVALUATOR:

1. I, ALLAN COB 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.

Alan Cob
Evaluator Signature

Mar 18/19
Date

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: Mar 18/19

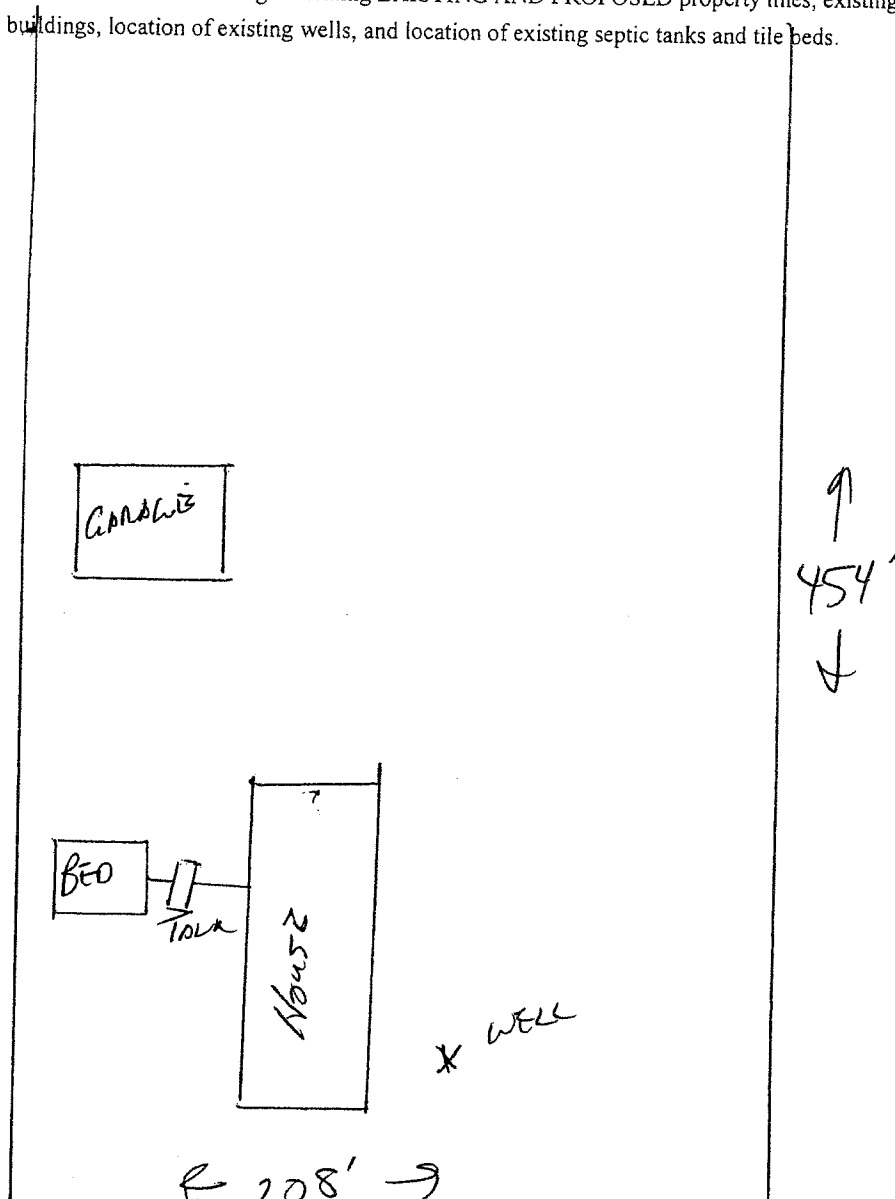
APPLICATION NUMBER: _____

OWNER _____

EVALUATOR Allen D

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.

VED BY REGISTERED PLAN 955)

PART 1

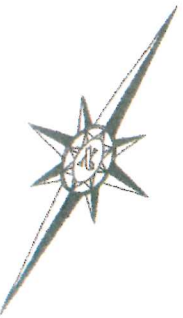
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INSTRUMENT

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LOT 1, CONCESSION VIII

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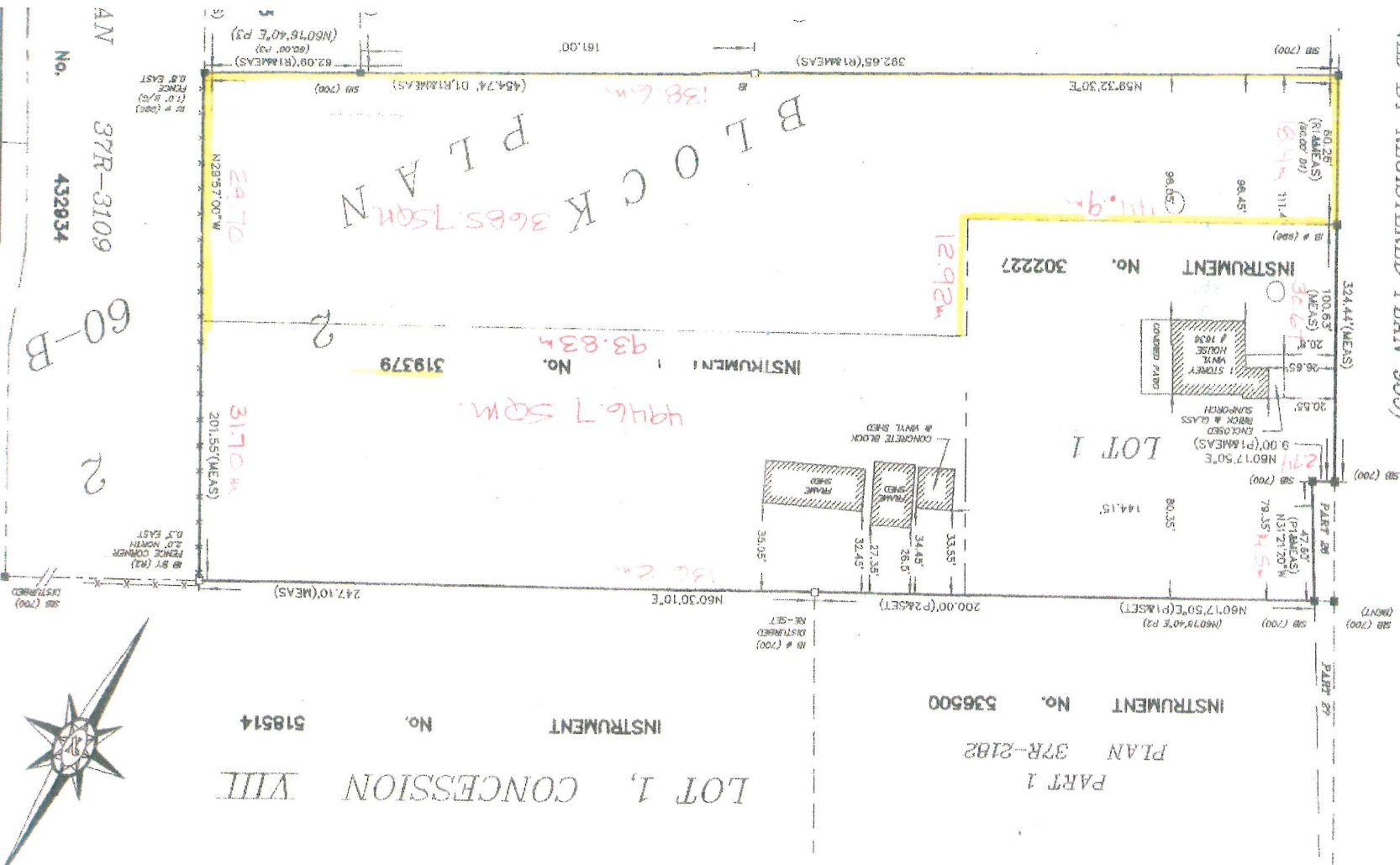
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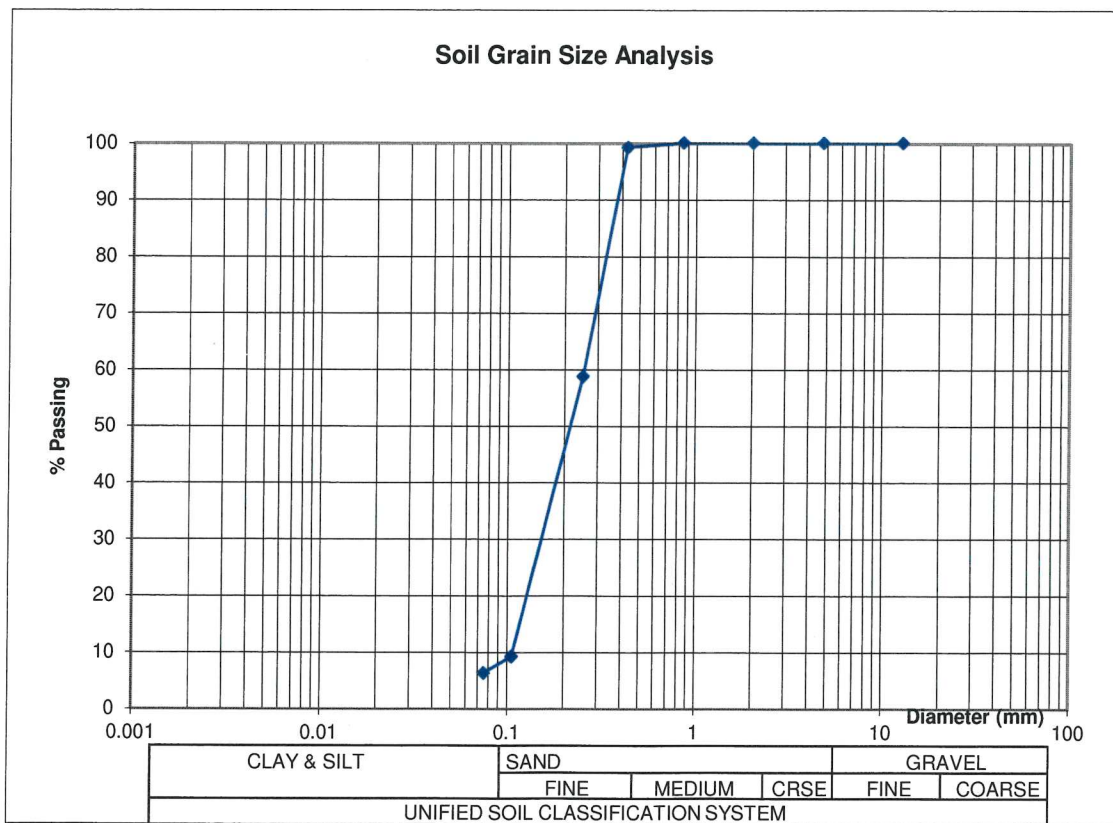


Project : 1636 Forestry Farm Rd
Test Pit : Delivered Sample
Depth : Delivered Sample
Dry Mass: 132.7 g

Client : Allan's Exc (for Froese)
RE: Waste Treatment System
Proj. No. 2012-11
Date: Dec 14/20

CHART DATA

Sieve No.	Mass	Cum. Mass	Diam. (d)	% Passing
		0	12.7	100
4	0.0	0	4.75	100
10	0.0	0	2	100
20	0.0	0	0.85	100
40	1.1	1.1	0.425	99
60	53.6	54.7	0.25	59
140	65.8	120.5	0.106	9
200	3.8	124.3	0.075	6



Unified System Classification:

SP Poorly Graded Fine Sand (6% Finer than No. 200 sieve)

Est. Percolation Time: T = 5 to 8 min/cm

Note: This grain size analysis was conducted for a delivered soil sample. Interpretation of the percolation rate is based on optimum conditions that may not reflect insitu conditions including compaction, adjacent soil layers and proximity to the seasonal high water table.

RECEIVED

DEC 22 2020

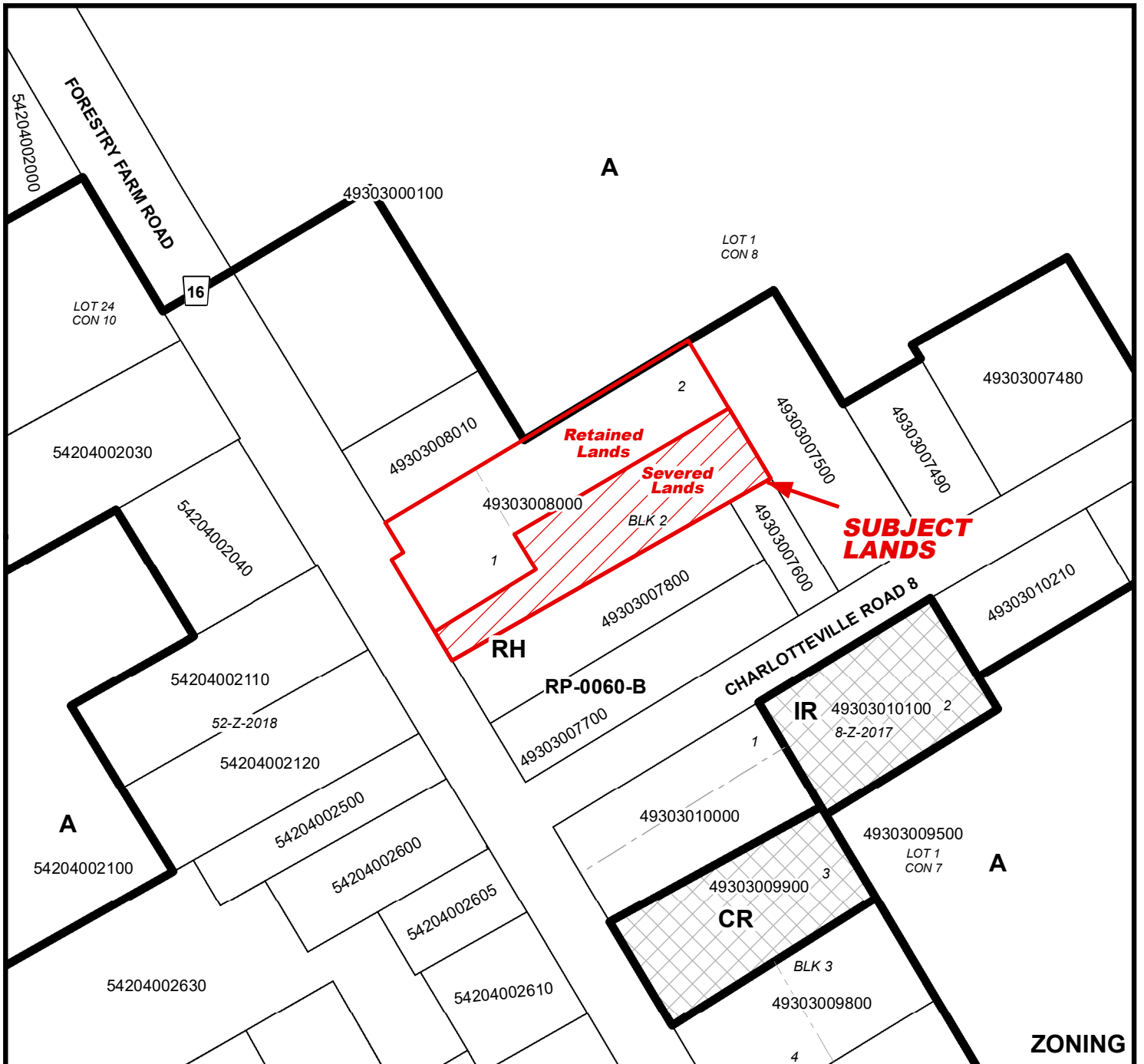
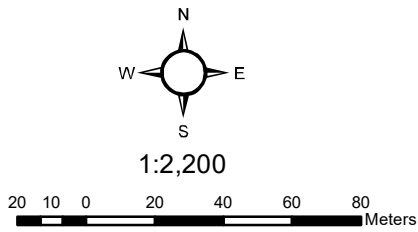
VED BY REGISTERED PLAN 955)

NONE

MAP 1

File Number: BNPL2021006 & ANPL2021007

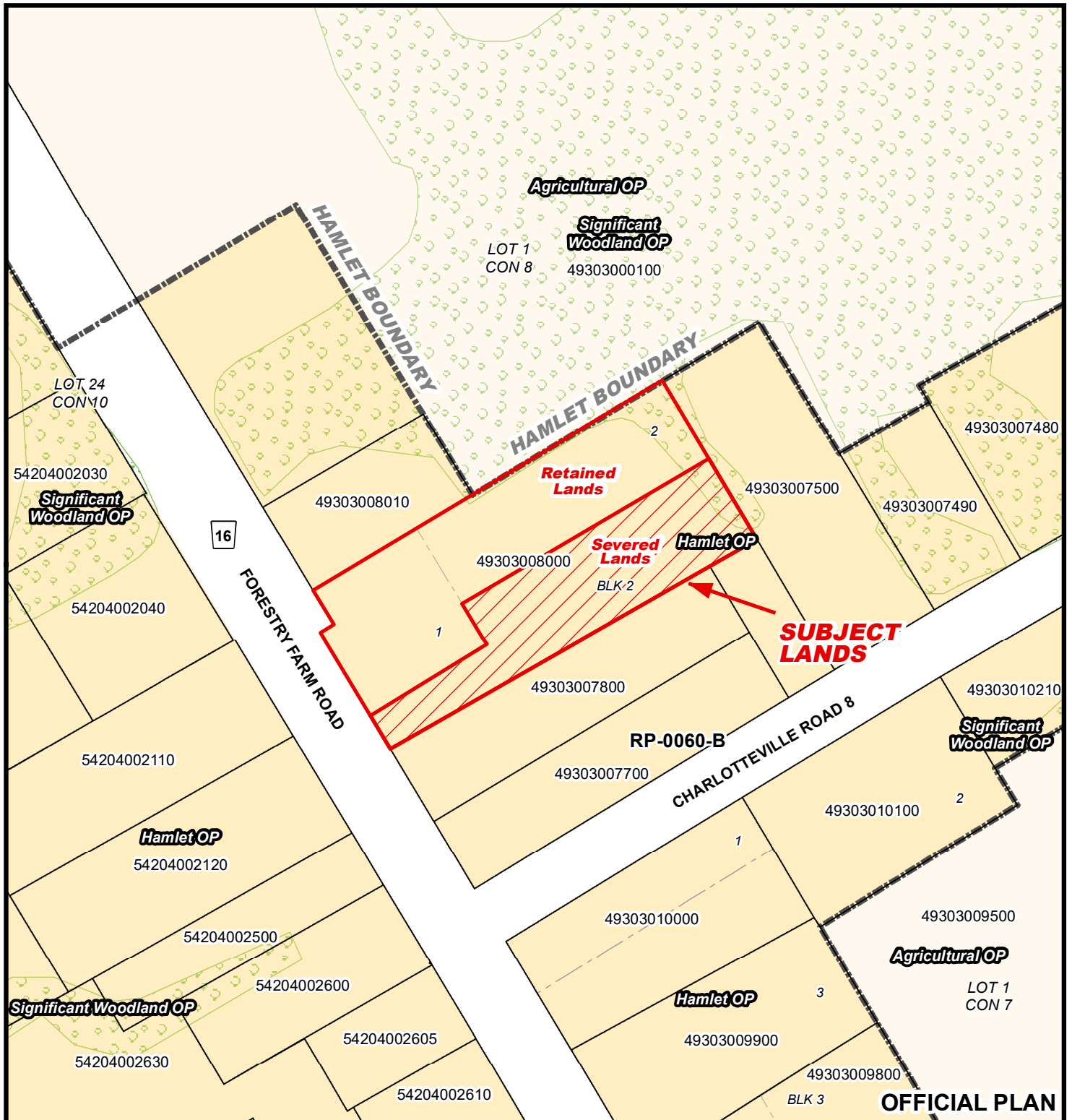
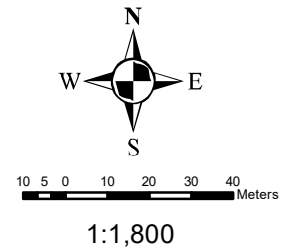
Geographic Township of
CHARLOTTEVILLE



MAP 2

File Number: BNPL2021006 & ANPL2021007

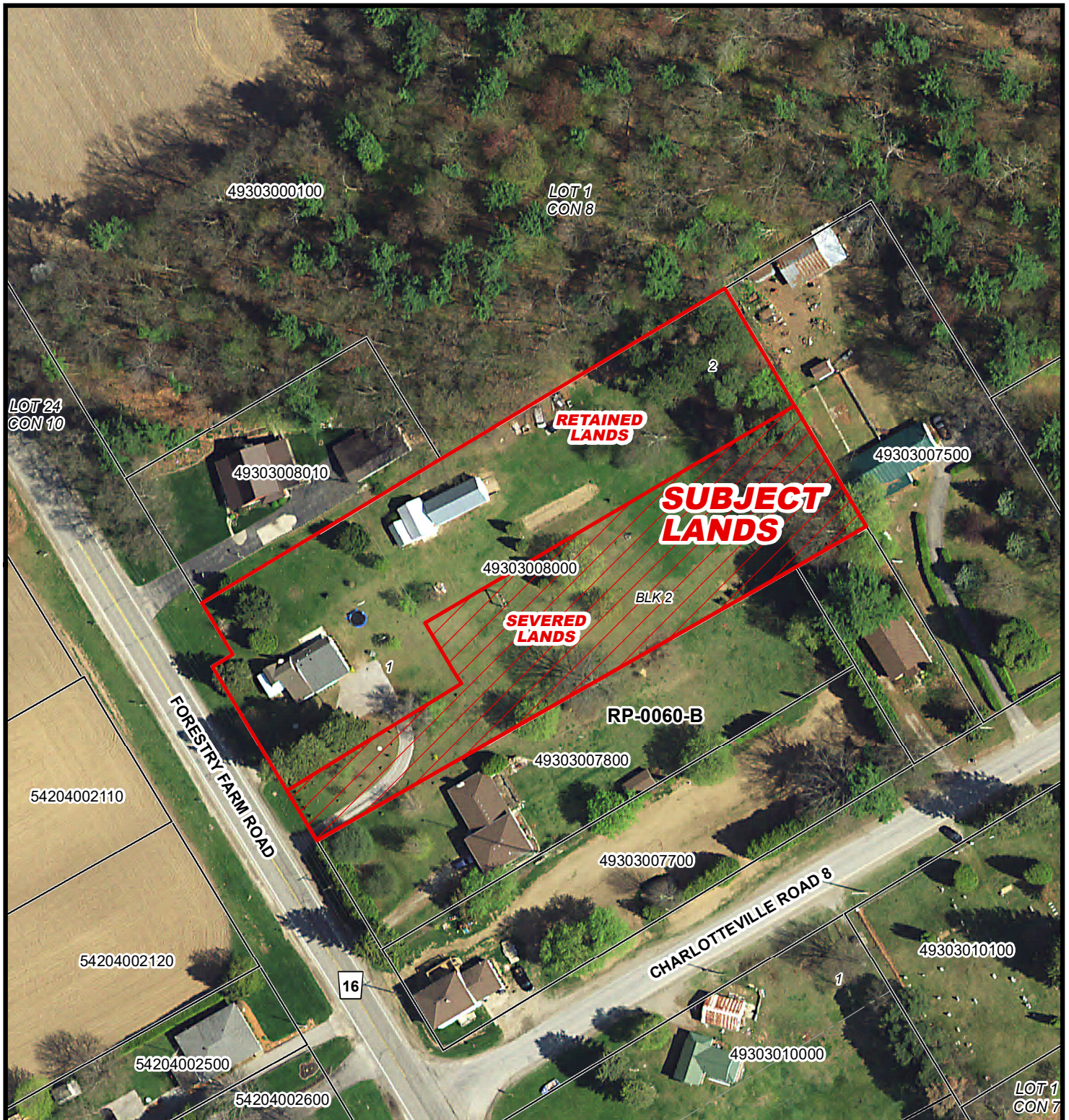
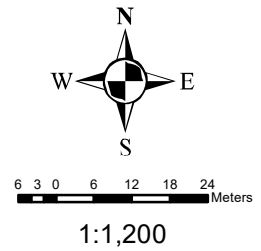
Geographic Township of CHARLOTTEVILLE



MAP 3

File Number: BNPL2021006 & ANPL2021007

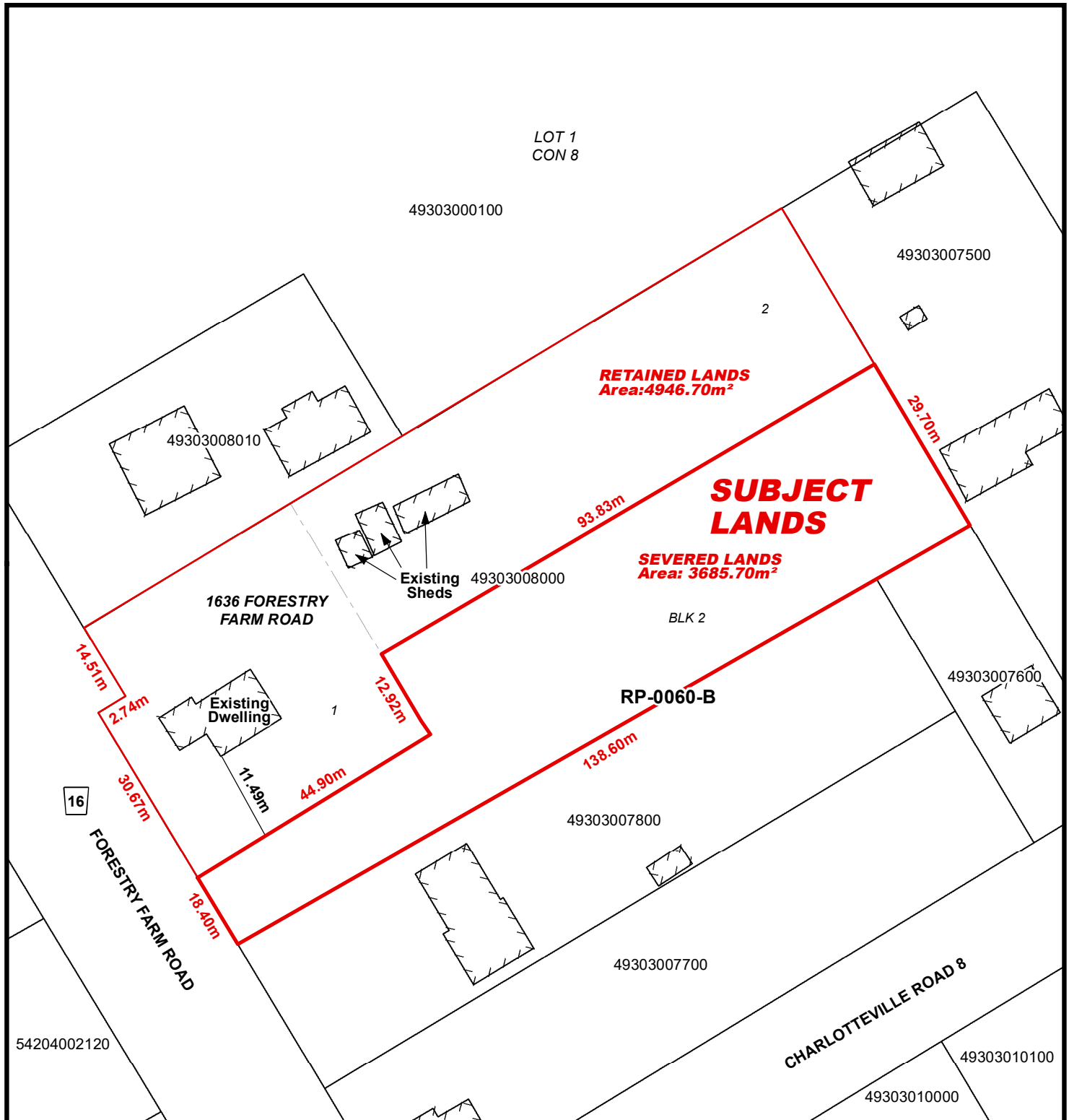
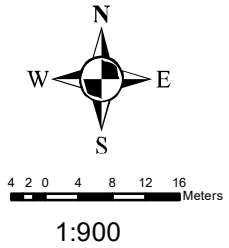
Geographic Township of CHARLOTTEVILLE



MAP 4

File Number: BNPL2021006 & ANPL2021007

Geographic Township of CHARLOTTEVILLE



LOCATION OF LANDS AFFECTED

File Number: BNPL2021006 & ANPL2021007

Geographic Township of CHARLOTTEVILLE

