

Please complete the following Application Checklist and submit it as a cover page to your application.

**REGIONAL OFFICIAL PLAN AMENDMENT APPLICATION CHECKLIST**

**Have you attached the following?**

- Required number of copies of the application form, completed and signed
- Required number of copies of the proposed Regional Official Plan Amendment
- Required number of copies of all information, reports or plans as indicated in the form
- Owner's authorization (*Section 8 completed*)
- Application fee (\$20,000 cheque payable to the "Regional Municipality of Peel")

If any of the above information is not attached, please indicate when it will be provided.

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**Office Use Only**

Date of Pre-submission Consultation Meeting: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Date Complete Application Accepted: \_\_\_\_\_

Regional Planner Assigned: \_\_\_\_\_

Development Services - Planning may be contacted as follows:

Phone: 905-791-7800, extension 4347

Fax: 905-791-7920

Email: [planninginfo@peelregion.ca](mailto:planninginfo@peelregion.ca)

Application to be forwarded to the Region of Peel, Public Works Department, Development Services Division for an amendment to the Region of Peel Official Plan under Section 22 of the *Planning Act*.

## Note to Applicants

This application form is to be used for a proposed amendment to the Region of Peel Official Plan pursuant to Section 22 of the *Planning Act*, R.S.O. 1990, c. P.13.

## Pre-submission Consultation meeting with Region of Peel Staff

Prior to submitting an application you are required to discuss the proposed Regional Official Plan Amendment (ROPA) with the staff of the Region of Peel, Public Works Department, Development Services Division. You are also encouraged to discuss the proposed application with any other appropriate government office, agency or board; Regional Staff can help you determine who you should contact.

Development Services - Planning may be contacted as follows:

Phone Us: 905-791-7800, extension 4347

Fax Us: 905-791-7920

Email Us: [planninginfo@region.peel.on.ca](mailto:planninginfo@region.peel.on.ca)

## Completeness of the Application

The information required pursuant to O. Reg. 543/06 made under the Planning Act, must be provided together with the required application fee. If the prescribed information and the fee are not submitted, the Region will not process the application until the information and fee are received. The 180-day time period for considering an application and adopting the amendment referred to in Section 22(7) (c) of the Act will not begin until the complete submission and fee are received by Development Services, Public Works Department

## Submission of the Application

- 15 copies of the completed application form
- 15 copies of the proposed official plan amendment
- 15 copies of any accompanying information/plans/reports as requested during pre-submission consultation

## Application Fee

Major amendment involving full circulation \$ 20,000  
Plus actual cost for Public Notice Advertising  
*(will be collected directly by the Region  
from the applicant)*

Appeal to Ontario Municipal Board:  
(if staff not required to attend) \$ Actual Costs  
(if staff required to attend) \$ Actual Costs

(Cheques payable to the Region of Peel)

**Application to Amend the Region of Peel Official Plan**

This application to amend the ROP for approval under Section 22 of the *Planning Act* must be fully completed to the satisfaction of the Region of Peel.

**1. Contact Information**

<b>Applicant</b>		
Telephone No.	Fax	E-mail
Address		
<b>Owner</b>		
Telephone No.	Fax	E-mail
Address		
<b>Agent</b>		
Telephone No.	Fax	E-mail
Address		

**2. Location of the Subject Land (For site-specific applications only)**

Area Municipality
Municipal Address
Lot Number(s), Lot(s)/Block(s), Concession Number(s)
Registered Plan No.
Reference Plan No.
Part Number(s)
Lot Area

**3. Nature and Purpose of Amendment**

- a) Does the amendment propose to clarify wording or update policy?  Yes  No
- b) Does the amendment propose to change only the schedules of the ROP?  Yes  No
- c) Does the amendment propose to change the text and schedules of the ROP?  Yes  No
- d) Identify the policy and/or schedule to be changed, replaced, deleted or added.

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e) Describe the purpose and effect of the proposed ROPA.

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**4. Land Use (if applicable)**

a) The subject property (or portions thereof) is identified in the ROP as being:

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Check all that apply:

- Urban System  Regional Urban Node
- Rural System  Rural Service Centre
- Core Area of the Regional Greenlands System
- High Order Transit System
- Lester B. Pearson International Airport Operating Area
- High Potential Mineral Aggregate Resource Area
- Prime Agricultural Area
- Wellhead Protection Area
- Area of Groundwater Aquifer Vulnerability
- Partial Service Area
- Other (please specify)

b) Describe the current authorized land use(s) of the subject land?

- Residential  Commercial  Industrial  Agricultural  Vacant
- Other (please specify) \_\_\_\_\_

What land uses would be permitted by the proposed amendment? (please specify)

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What are the previous known uses for the subject land? (please specify)

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c) If the subject lands or adjacent lands have been used for industrial or commercial purposes, waste disposal or fuel storage, an Environmental Site Assessment Report (ESAR) may be required (to be determined in consultation with Peel staff). The report must identify all former owners and the uses of the subject land, and if appropriate, the adjacent land.  
 Is an ESAR attached?  Yes  No

d) Indicate land uses on abutting properties:  
 North: \_\_\_\_\_  
 South: \_\_\_\_\_  
 East: \_\_\_\_\_  
 West: \_\_\_\_\_

e) Does the subject property abut a Regional Road(s)  Yes  No  
 If **yes**, please specify \_\_\_\_\_

f) Water is proposed to be provided to the subject property by:  
 Publicly owned and operated piped water system  Yes  No  
 Privately owned and operated individual or communal well  Yes  No  
 A lake or other water body  Yes  No  
 Other (please specify) \_\_\_\_\_

g) Sewage disposal is proposed to be provided to the subject property by:  
 Publicly owned and operated piped system  Yes  No  
 Privately owned and operated piped system  Yes  No  
 Individual septic system  Yes  No  
 Communal system  Yes  No  
 Other (please specify) \_\_\_\_\_

h) Does this area have a distinctive landform that is significant within the area, municipality, Region, Province or Canada?  
 Yes  No  
 If **yes**, please specify \_\_\_\_\_

i) Does this proposal impact any significant groundwater or surface water feature or function?  Yes  No  
 If **yes**, please specify \_\_\_\_\_

j) Does this area contain any natural features (e.g. landforms, biotic communities, wildlife habitat) which are considered of aesthetic, historical or cultural importance or a remnant natural feature in an intensively developed urban or agricultural landscape?  Yes  No  
 If **yes**, please specify \_\_\_\_\_

**5. Justification for the proposed Amendment and Supporting Information**

- 5.1 The applicant is required to provide a complete planning justification analysis for this amendment application. This should include, but not be limited to why the proposed change is desirable and how it relates to the objectives and policies in the ROP. The necessary justification report(s) should be provided with this application.
- 5.2 Considering Section 3 of the Planning Act, the Provincial Policy Statement and the policies of the ROP; explain what matters of provincial interest are affected by the application and how they have been addressed. Please attach any reports where this information may be found. If the information is not attached, it may not be possible to do a complete and proper planning evaluation of the application.
- 5.3 Attach any other information that may be useful to the Region or other agencies in reviewing the proposed official plan amendment (e.g. details of pre-consultation discussions, efforts made to resolve objections or concerns).

**6. Status of Other Applications**

Is there any other application under the Planning Act, Niagara Escarpment Planning and Development Act or the Ontario Planning and Development Act (The Parkway Belt West Plan), such as for approval of a plan of subdivision, an amendment to an area municipal official plan, a zoning by-law amendment, a minor variance, a development permit, a site plan or a consent that involves:

- a) The subject land?  Yes  No
- b) Land that is within 120 meters of the subject land?  Yes  No
  - Draft Plan of Subdivision  Yes  No File No. \_\_\_\_\_  
Status: \_\_\_\_\_
  - Minor Variance  Yes  No File No. \_\_\_\_\_  
Status: \_\_\_\_\_
  - Land Division  Yes  No File No. \_\_\_\_\_  
Status: \_\_\_\_\_
  - Site Plan  Yes  No File No. \_\_\_\_\_  
Status: \_\_\_\_\_
  - Other  Yes  No File No. \_\_\_\_\_  
Status: \_\_\_\_\_

c) If yes to a) and/or b) Describe how the purpose of the application(s) and the effect of the application(s) impact this ROP?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Declaration of Application**

I, \_\_\_\_\_ of the \_\_\_\_\_  
of \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_ solemnly  
declare that all the above statements contained within the application and accompanying material (including that prescribed by the  
Ontario Regulations for Official Plans and Plan Amendments) 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 Ontario Evidence Act".

Declared before me at the \_\_\_\_\_ of \_\_\_\_\_ in the  
\_\_\_\_\_ of \_\_\_\_\_ this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Signature of Witness)*

**8. Owners Authorization (if applicable)**

**If there is more than one owner, a separate authorization from each individual or corporation is required. Attach an additional page or pages in the same format as this authorization, if necessary.**

I, \_\_\_\_\_ being the registered owner of the subject lands, hereby authorize  
*(type or print name)*

To make this application to the Region of Peel

\_\_\_\_\_  
*(type or print name)*

(Corporate Seal)

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Title, if applicable)*

\_\_\_\_\_  
*(Print name of person signing)*