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DATE RECEIVED AS COMPLETED AND SIGNED: \_\_\_\_\_

**ZONING AMENDMENT APPLICATION**

Pursuant to Section 34 of the Planning Act, Revised Statutes of Ontario, 1990 and amendments thereto, I/we submit an Application for:

- (A) An amendment to the Zoning By-Law 5-78 (Asphodel) or By-Law 89-13 (Norwood) associated with the Township of Asphodel-Norwood, in force with respect to the subject lands:  
A FEE OF \$950.00 (Plus \$225.00 Otonabee Region Conservation Authority Fee when their review is required) must accompany the application when submitted to the Secretary. (Cash or cheque payable to the Township of Asphodel-Norwood).

I/we enclose the above fee and agree to pay any further costs and expenses which may be incurred as well as all fees associated with any appeals made by Applicant determined by the Council of the Corporation of the Township of Asphodel-Norwood. All fees associated with any appeals made by applicant will also be the responsibility of the applicant. The Application Fee shall be paid for by cash or cheque payable to the Corporation of the Township of Asphodel-Norwood at the time of filing the Application.

TO BE COMPLETED BY APPLICANT

1. **Name of Applicant** \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_
  
2. **Name of Owner** \_\_\_\_\_  
(If other than Applicant)  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_
  
3. **Name of Agent or Solicitor** \_\_\_\_\_  
(If any)  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_



Corporation of the Township of  
Asphodel-Norwood  
Website: [www.asphodelnorwood.com](http://www.asphodelnorwood.com)

4. Applicants interest in land (must be owner or prospective buyer), if latter, verified copy of Offer of Purchase must be submitted.

**Location of Subject Property:**

\_\_\_\_\_

Concession \_\_\_\_\_ Township Lot \_\_\_\_\_

Street and Number \_\_\_\_\_

Registered Plan No. \_\_\_\_\_ Lot \_\_\_\_\_

Legal Description \_\_\_\_\_

6. **Dimensions of Subject Property:**

Frontage \_\_\_\_\_ Average Width \_\_\_\_\_

Depth \_\_\_\_\_ Area \_\_\_\_\_

7. **Official Plan:**

Present Designation \_\_\_\_\_

Is this re-zoning being done in conjunction with an Official Plan amendment? YES   
NO

Has the Official Plan Amendment been filed? YES  NO

8. **Zoning By-Law Amendment:**

Present Zoning \_\_\_\_\_

Requested Zoning \_\_\_\_\_

9. **Proposed Use of Subject Property:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. **Present Use of Subject and Adjacent Lands:** \_\_\_\_\_



**11. Facilities Existing or Proposed for Subject Lands:**

Water Supply (indicate whether existing or proposed)

	<u>Existing</u>	<u>Proposed</u>
(a) Municipally operated piped water supply	<input type="checkbox"/>	<input type="checkbox"/>
(b) Drilled well on subject land	<input type="checkbox"/>	<input type="checkbox"/>
(c) Dug well on subject land	<input type="checkbox"/>	<input type="checkbox"/>
(d) Sand Point	<input type="checkbox"/>	<input type="checkbox"/>
(e) Communal well	<input type="checkbox"/>	<input type="checkbox"/>
(f) Lake or River	<input type="checkbox"/>	<input type="checkbox"/>
(g) Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Sewage Disposal (indicate whether existing or proposed)

	<input type="checkbox"/>	<input type="checkbox"/>
(a) Municipally operated sanitary sewers	<input type="checkbox"/>	<input type="checkbox"/>
(b) Individual septic tank	<input type="checkbox"/>	<input type="checkbox"/>
(c) Pit Privy	<input type="checkbox"/>	<input type="checkbox"/>
(d) Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

**12. Reasons for requesting amendment(s):**

(If not sufficient space, covering letter should be attached)

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**13. Supplementary and supporting material to accompany application:**

(All Plans shall be 8 1/2" x 14")

- (a) A survey or sketch indicating: (provide 2 original copies)
  - i. Property dimensions and related street lines, including reference to nearest intersecting street.
  - ii. Location, dimension and size (number of unites, number of storeys, floor area, etc.) of all proposed buildings and accessory facilities and their proposed use(s).





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Commissioner, etc

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As of the date of this application, I am the registered owner of the lands described in this application; I have examined the contents of this application, certified as to the correctness of the information submitted with the application insofar as I have knowledge of these facts, and concur with the submission of this application to the Municipality. I further consent and give full authority to the Applicant named in Section 1 of the application to act on my behalf in regards to this Rezoning Application.

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Signature of Property Owner

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Date



2357 County Road 45, P.O. Box 29, Norwood, On KOL 2V0  
Phone: (705) 639-5343  
Fax: (705) 639-1880