

## CONSENT / SEVERANCE

File Number BNPL2014121  
 Related File Number    
 Pre-consultation Meeting On    
 Application Submitted On June 19, 2014  
 Complete Application On June 17, 2014

Application Fee June 17, 2014  
 Conservation Authority Fee June 17, 2014  
 OSSD Form Provided June 17, 2014  
 Sign Issued June 14, 2014

M2

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- 545-040-186-00**

<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> JOHN ACTON Phone # 519 875 1181  
 Address 845 LAKESHORE ROAD. Fax # 519 875 1710  
 Town / Postal Code R#2 Pt. BURNWELL N0J 1T0 E-mail sandhill@kwic.com

<sup>1</sup> If the applicant is a numbered company provide the name of a principal of the company.

#### AGENT INFORMATION

Name of Agent \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Fax # \_\_\_\_\_  
 Town / Postal Code \_\_\_\_\_ E-mail \_\_\_\_\_

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

Name of Owners<sup>2</sup> JOHN AND SHARON ACTON Phone # 519 875 1181  
 Address 845 LAKESHORE ROAD Fax # 519 875 1710  
 Town / Postal Code R#2 Pt. BURNWELL N0J 1T0 E-mail sandhill@kwic.com

<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:

F.C.C. 4-421 QUEENSWAY W. SIMCOE ONT. N3Y 2N4

519 - 424 - 3312. ATTN: JONATHAN CHAMBERS.

**B. LOCATION/LEGAL DESCRIPTION OF SUBJECT LANDS**

Geographic Township	<u>HOUGHTON</u>	Urban Area or Hamlet	
Concession Number	<u>NORTH OF LAKE ROAD</u>	Lot Number(s)	<u>LOT 21</u>
Registered Plan Number	<u>50111-0153</u>	Lot(s) or Block Number(s)	
Reference Plan Number	<u>37 R</u>	Part Number(s)	<u>PART 1</u>
Frontage (metres/feet)	<u>626.786 m</u>	Depth (metres/feet)	<u>966.42 m</u>
Width (metres/feet)		Lot area (m <sup>2</sup> / ft <sup>2</sup> or hectares/acres)	<u>1/9 ACRES</u>
Municipal Civic Address	<u>1789 LAKESHORE ROAD</u>		<u>19.82 ha</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):

To sell surplus property.

---



---

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:

N/A

---



---

## 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
<b>SUBJECT LANDS</b> JOHN & HARRON ALTON HUGHTON LOT 21 NLR 49		49	48	CASH CROP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1880
OTHER JOHN ALTON LOT 10 NLR	LOT 21 SWAL 66	66	40	CASH CROP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2000
JOHN ALTON	LOT 10 NLR 50	50	30	CASH CROP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1854
JOHN ALTON	LOT 11 NLR 100	100	30	CASH CROP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
JOHN & DOROTHY ALTON	LOT 10 SLR 100	100	55	CASH CROP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
JOHN & DOROTHY ALTON	LOT 11 SLR 100	100	30	CASH CROP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1880
JOHN & DOROTHY ALTON	LOT 14 NLR 100	100	16	CASH CROP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
JOHN & DOROTHY ALTON	LOT 2 Conc 3 100	100	25	CASH CROP	<input checked="" 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 <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 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) 63.518 m  
Width (metres/feet) NORTH END 58.719

Depth (metres/feet) WEST (59.505 m) EAST (63.101 m)  
Lot area (m<sup>2</sup> / ft<sup>2</sup> or  
hectares/acres) 3689.2 m<sup>2</sup> (0.91 acres)  
PROPOSED FINAL LOT SIZE  
(if boundary adjustment) 0.91 ACRES.

Existing use: FARM HOUSE

Proposed use: RESIDENTIAL HOUSE.

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:

APPROX 23'6" x 42' (1291 ft<sup>2</sup>) FLOOR AREA.

2 STOREY BRICK DWELLING 8.43 m HIGH 18.70 FROM FRONT LOT LINE,  
METAL BUILDING (GARAGE) 4.89 m HIGH 16.53 m FROM WEST LINE AND  
9.89 m FROM REAR LOT LINE. (36' x 32') 1152 ft<sup>2</sup> FLOOR AREA.

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:

NONE

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

Frontage (metres/feet)

543.984 m

Depth (metres/feet)

966.42 m

Width (metres/feet)

624.786

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

48.09

Existing use:

FARM LAND.

Proposed use:

SAME.

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:

NONE.

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:

NONE.

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: \_\_\_\_\_

N/A

#### D. PROPERTY INFORMATION

Present official plan designation(s): Agricultural

Present zoning: Agricultural

Is there a site specific zone on the subject lands?

N/A

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: NK 51298

Number of separate parcels that have been created: One

Date(s) these parcels were created: 1967

Name of the transferee for each parcel: CORNELIUS PAULS AND MARIA PAULS

Uses of the severed lands: RESIDENTIAL LOT

If this application proposes to sever a dwelling made surplus through farm amalgamation, when were the farm

properties amalgamated? 2014 Feb. 3.

Date of construction of the dwelling proposed to be severed: 1880's

Date of purchase of subject lands: Feb 3, 2014.

**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

CONSENT / SEVERANCE

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

---

---

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 checked="" type="checkbox"/> No _____ distance
Wooded area	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <del>1000</del> 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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**

Municipal piped water

**SEVERED****RETAINED**

## CONSENT / SEVERANCE

Communal Wells  Individual Wells   **NONE**

Other means (describe) \_\_\_\_\_

**SEWAGE TREATMENT** **SEVERED** **RETAINED**Municipal Sewers  Communal System  Septic tank and tile bed   **NONE.**

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  NoHas the existing drainage on the subject lands been altered?  Yes  NoDoes a legal and adequate outlet for storm drainage exist?  Yes  No  UnknownExisting or proposed access to the **RETAINED** lands:

<input type="checkbox"/> Unopened road	<input type="checkbox"/> Provincial highway
<input checked="" type="checkbox"/> Municipal road maintained all year	<input type="checkbox"/> Right-of-way
<input type="checkbox"/> Municipal road maintained seasonally	<input type="checkbox"/> Other (describe below)

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

Name of road/street: LAKESHORE ROAD + ROAD 23

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: LAKESHORE 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.

---

---



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: 1789 Lake Road	
Owner:	John Auton	Lot: 81 Concession: NLR
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 <u>Severance</u>	
BUILDING INFORMATION	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural	
Building Area:	No. of Bedrooms: 4	No. of Fixture Units: 10 Is the building currently occupied? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If No, how long?
EVALUATOR'S INFORMATION	Evaluator's Name: Larry Dedrick	Company Name: Dedrick Bros Excavating Ltd Postal Code: N4B 2V4 Phone: 509-582-2069 BCIN # 16930
SITE EVALUATION	Ground Cover (trees, bushes, grass, impermeable surface): <u>Grass</u>	
Site Slope:	<input type="checkbox"/> Flat <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Steep	Soil Conditions: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry
Surface Discharge Observed:	Yes <input checked="" type="checkbox"/>	Odour Detected: Yes <input checked="" type="checkbox"/>
Depth of Water Table: 5 ft.		
Current Weather (at time of evaluation): <u>Sunny</u>		
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: 4500 L Gal.	Pump: Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Pre-cast <input type="checkbox"/> Plastic <input type="checkbox"/> Fibre Glass <input type="checkbox"/> Wood <input type="checkbox"/> Other		
Distribution System: Area: <input checked="" type="checkbox"/> Trench Bed <input type="checkbox"/> Filter Medium	No. of Tile Runs: 1	Total Length of Tile: 80' Distance Between Tile Runs: One Zine
Tile Material: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Clay <input type="checkbox"/> Other	Ends: <input type="checkbox"/> Capped <input type="checkbox"/> Joined	Cover: <input type="checkbox"/> Filter Cloth <input checked="" type="checkbox"/> Sand <input type="checkbox"/> Top Soil <input type="checkbox"/> Seeded
Setbacks:	Tank	Distribution Pipe
Distance to Buildings & Structures (ft)	10'	13.5'
Distance to Bodies of Water (ft)	180'	50'
Distance to Nearest Well (ft)	50'	55'
Distance to Proposed Property Lines	Front 60' Rear 120' Side 85' Side 75'	Front 80' Rear 120' Side 180' Side 20'

<b>OVERALL SYSTEM RATING</b>	<input type="checkbox"/> System Working Properly / No Work Required
	<input type="checkbox"/> System Functioning / Maintenance Required <input type="checkbox"/> System Not Functioning / Minor Repair Required <input checked="" type="checkbox"/> System Failure/Major Repair / Replacement Required
<p><b>Note:</b> 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.</p> <p><b>Additional Comments:</b> <i>Sink Has a pit &amp; Discharges on Surface</i></p>	
<b>VERIFICATION</b>	
<p><b>OWNER:</b> 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.</p> <p>I, _____ (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.</p>	
Owner Signature	Date
<p><b>EVALUATOR:</b></p> <p>1. I, <u>Larry Dedrick</u> 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.</p> <p><u>Larry Dedrick</u> Evaluator Signature</p> <p><u>May 26/14</u> Date</p>	
<p><b>BUILDING DIVISION COMMENTS</b></p> <p>Comments: _____ _____</p> <p>I, _____ have reviewed the information contained in this form as submitted.</p>	
Chief Building Official or designate	Date

ermit # OS- \_\_\_\_\_

Norfolk  
COUNTY

## SEWAGE SYSTEM INFORMATION

### SITE PLAN

Include the following on a scale or proportional drawing:

1. Outline of property with all dimensions.
2. Detailed sewage system diagram, including dimensions of leaching bed, mantle, tank location, pump chamber, etc.
3. Setbacks from existing and proposed buildings, wells (including neighbours), lakes, streams, ponds, water drainage courses.
4. Location of subsurface drainage, tiles, culverts or other structural features.
5. Existing or proposed driveways, easements, right-of-ways, drainage patterns.
6. Indicate any areas of disturbed, compacted, imported or altered soils.

