

Application for Zoning Amendment

Township of Sioux Narrows - Nestor Falls Box 417 Sioux Narrows, ON P0X 1N0

FILE NO.			
DATE RE	C'D: 📐	ON B,	2024

Completeness of the Application:

An asterisk (*) on the left side of the section numbers indicate the information in this form that must be provided by the applicant. If the mandatory information and the fee are not provided, the application and fee will be returned as incomplete.

Submission of the Application:

The application is to be submitted with the applicable fee. Measurements are to be in metric units.

Please Print and Complete or (1) Appropriate Box(es)

1. Applicant Information

*1.1	Name of Applicant	CHIP OF SION NAPROW - NE	STOR FALLS
	Home Telephone 307. 224	Business Telephone	
	Address 417 Huthay	Business Telephone SAME	POXINO
	Postal Code	Fax Number	
*1.2	Name of owner(s) (if not the app	licant). An owner's authorization is required in Se	ection 6, if the
	applicant is not the owner.		
	Name of Owner(s)	NIA	
	Home Telephone	Business Telephone	
	Address		
	Postal Code	Fax Number	
1.3	Name of the person who is to be	contacted about the application, if different than t	he applicant.
	(This may be a person or firm act		
	Name of Contact Person	NA	
	Home Telephone	Business Telephone	
	Address		
	Postal Code	Fax Number	

2	Location of the Subject Land if known (Complete applicable boxes in 2.1)
*2.1	Local Township WILLINGTON
	Lot Number Parcel Number Section or Mining Location 23
	Subdivision Plan Lot - Block Part Numbers 232 - 3293
	Street Address of Property HIGHWAY 71 CPIN 42117 - 0848
	Street Address of Property Name of Lake/Road/Abutting Property Name of Lake/Road/Abutting Property
3	Description of Land
*2 1	Existing Use VACANT
3.1	Proposed Use
	Proposed Use 6 PROPERTIAL UNITS Number and use of buildings and structures (both existing and proposed) on the land to be
	Number and use of buildings and structures (both existing and proposed) on the land to be
	rezoned 6 RESIDENTIAN UNITS
	What is the current zoning designation
	What is the proposed zoning designation
	What is the current official plan designation CRACE
	What is the purpose for requesting the zoning change
	What is the purpose for requesting the zoning change PERSOPMENT OF 6 PESSIPENTIAL ONIT HOUSING
	PENELPHENT
	Specify the type of road or other access for land to be rezoned
	ACLESS IS FROM HIGHWAY 71
	Indicate the type of water supply (\checkmark or \checkmark):
	Lake ₩ Well □ Other □
	Indicate the type of sewage disposal (\checkmark or \checkmark):
	Septic Tank Pit Privy Other O
	If not existing, indicate when water supply and sewage disposal services will be available
4.	Sketch
* <u>⊿</u> 1	The application shall be accompanied by a sketch showing the following:
т.1	• the parcel of land that is the subject of the application, it's boundaries and dimensions.
	• the approximate location of all natural and artificial features on the subject land (eg.
	Buildings, railways, water courses, drainage ditches, banks, slopes, swamps, wooded
	areas, wells and septic tanks) and the location of any ot these features on adjacent lands
	which may affect the application.
	• the use of adjoining land (eg. residential, agricultural, cottage, commercial, etc.).
	• the location, width and names of all road allowances, rights-of-way, streets or highways
	within of abutting the property, indicating whether they are public travelled roads, private
	roads, rights-of-way or unopened road allowances.
	• the location and nature of any restrictive covenant or easement affecting the subject land.

5.	<u>Declaration</u>
*5.1	Declaration for the Prescribed Information I/We,
	Signature of Applicant
	Signature of Applicant
6.	Authorizations
*6.1	If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the applicant is authorized to make the application must be included with this form or the authorization set out below must be completed.
	Authorization of Owner(s) for Applicant to Make the Application
	I/We,, am/are the owner(s) of the land that is the subject of this application and I/we authorize to make this application on my/our behalf.
	Signature of Owner(s) Date
7.	Owner(s)
*7.1	Complete the consent of the owner(s) concerning personal information set out below.
	Consent of the Owner(s) to the Use and Disclosure of Personal Information
	I/We,

A File Number will be assigned to the application and this should be used in all communications.

Applicant's Checklist:

Have you remembered:

- Include completed application form?
- Include a sketch with all required information?
- Has the application been duly signed?
- Include the required fee (\$650.00), either as cash, money order or cheque

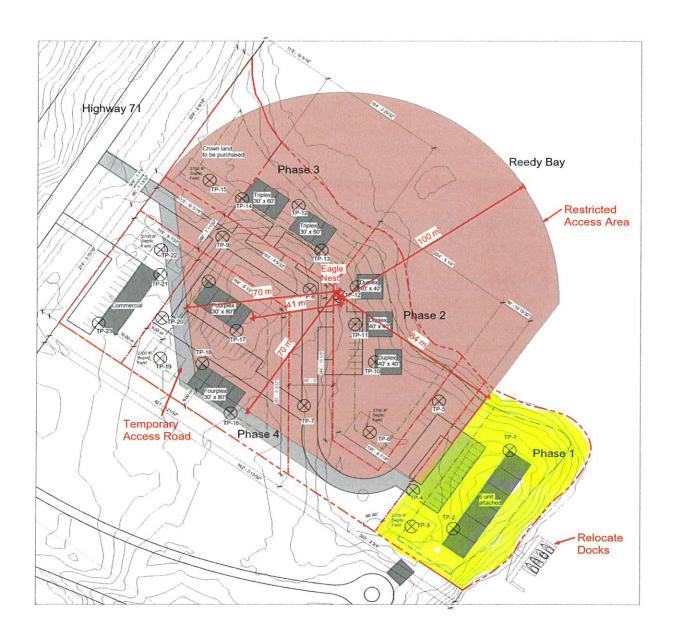
Forward to:

Township of Sioux Narrows - Nestor Falls

Box 417

Sioux Narrows, ON

P0X 1N0



(i) PHASE I TO BE REZONED TO RZ

(i) BALANCE OF PROPERTY TO BE REZONED

TO RZ(H)