



**FORTFRANCES**  
BOUNDLESS  
APPLICATION FOR CONSENT

FOR OFFICE USE ONLY		
File Number: <u>C3-2018</u>		
Property: <u>1525 Colonization Rd</u>	Roll #: <u>5912 010 005 083 00</u>	
Date Application Received: <u>April 15/18</u>	Date Fee Received: <u>June 29/18</u>	
Date Application Complete: <u>June 29/18</u>	Receipt #: _____	Application Fee: \$ <u>657.95</u>

**Please Print and Complete or ( ✓ ) Appropriate Box(es)**

**1. Applicant Information**

▶ 1.1	Name of Applicant David Wade Petsnick	Home Telephone No. 807-275-5090	Business Telephone No.
	Address 1345 Emo Road, Fort Frances	Postal Code P9A 2V6	
▶ 1.2	Name of Owner(s) (If different from the applicant). An owner's authorization is required in Section 11.1 if the applicant is not the owner.		
	Name of Owner(s) David Wade Petsnick and Angela Helene Petsnick	Home Telephone No. 807-275-5090	Business Telephone No.
	Address 1345 Emo Road, Fort Frances	Postal Code P9A 2V6	
1.3	Please indicate to whom all communications should be sent:		
	<input type="checkbox"/> Owner	<input checked="" type="checkbox"/> Agent/Applicant	

*Note: If this application is being submitted by an agent on behalf of the Property Owner, the owner's written authorization must accompany the application. If the applicant is a corporation acting without agent, the application must be signed by an officer of the corporation and the corporation's seal (if any) must be affixed.*

**2. Location of Subject Land (Severed and Retained)** Complete Applicable Boxes in Section 2.1

▶ 2.1	Municipality Fort Frances	Township McIrvine	Property Roll No. 59-12-010-005-08300
	Property descriptor: Part of River Range Lot 46	Lot/Section No.	Reference Plan No. 48R-1036
	Other Information (parcel #, etc.) Except part 1 48R-3964		Registered Plan No.
▶ 2.2	Are there any easements or restrictive covenants affecting the subject land? If <b>Yes</b> , describe each easement or covenant and its effect		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
▶ 2.3	Is there a mortgage or other encumbrance on title to the subject land? If <b>Yes</b> , provide name, full mailing address and contact information of encumbrance holder		
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
	CIBC, 203 Scott St., Fort Frances, on P9A 1G8		

### 3. Purpose of this Application

- 3.1 Type and purpose of proposed transaction ( X appropriate box):

Transfer ☒ Creation of a new lot ☒ Addition of a lot (see also 3.3) ☐ An easement /encroachment agreement  
 Other ☐ A charge ☐ A lease ☐ Correction of title  
☐ Other purpose \_\_\_\_\_

- 3.2 Name of person(s), if known, to whom land or interest in land is to be transferred, leased or charged

- 3.3 If a lot addition, identify the lands to which the parcel will be added. Also show on accompanying sketch.

### 4. Existing or Proposed servicing information regarding the subject land.

(complete each section)		Severed	Retained
► 4.1 Dimensions	Frontage (m) (# of ft x .3048)	15.24	12.2
	Depth (m) (# of ft. x .3048)	54.89 +/-	112.78 +/-
	Area (ha.) (# of acres x .4047)	0.0256 (approx)	.5193 (approx)
► 4.2 Use of Property	Existing Use(s)	Residential	Residential (vacant)
	Proposed Use(s)	Residential	Residential
► 4.3 Buildings or Structures	Existing	Single Detached Dwelling	None
	Proposed	no change proposed	Single Detached Dwelling
► 4.4 Access ( ✓ appropriate space)	Provincial Highway (secondary or primary)		
	Municipal Road (maintained all year)	X	X
	Municipal Road (seasonally maintained)		
	Other Public Road		
	Right of Way		
► 4.5 Water Supply ( ✓ appropriate space)	Publicly owned & operated piped water system	X	X
	Privately owned & operated individual well		
	Privately owned & operated communal well		
	Lake or other water body		
	Other means		
► 4.6 Sewage Disposal ( ✓ appropriate space)	Publicly owned & operated sanitary sewage system	X	X
	Privately owned & operated individual septic tank*		
	Privately owned & operated communal septic system		
	Privy		
	Other means		
*A certificate of approval from the local Health Unit or Ministry of the Environment and Energy submitted with this application will facilitate the review.			
4.7 Other Services ( ✓ if service is available)	Electricity	X	X
	School Bussing	X	X
	Garbage Collection	X	X

- 4.8 If access to the subject land is by private road, or if "other public road" or "right of way" was indicated in section 4.4 above, indicate who owns the land or road, who is responsible for its maintenance and whether it is maintained seasonally or all year.

## 5. Land Use

- 5.1 What is the existing Official Plan designation(s), if any of the subject land? Living Area

- 5.2 What is the zoning, if any, of the subject land? Residential Type 1

- 5.3 Are any of the following uses or features on or adjacent to the subject land. ( X appropriate boxes if any apply)

Use or Feature	On subject land	Adjacent to subject land
An agricultural operation		
A landfill		
An industrial or commercial use (specify uses)		
An active railway line		
A Municipal Airport		

## 6. History of the Subject Land

- 6.1 Has the subject land ever been the subject of an application for approval of a plan of subdivision or consent under the **Planning Act**?

☐ Yes ☐ No ☒ Unknown

If **Yes**, and if **known**, provide the Ministry or Municipal Application file number and the decision made on the application

- 6.2 If this application is a re-submission of a previous consent application, describe how it has been changed from the original application.

- 6.3 Has any land been severed from the parcel originally acquired by the owner of the subject land?

☒ No ☐ Yes

If **yes**, provide for each parcel severed the date of transfer, the name of the transferee and the land use.

## 7. Current Applications

- 7.1 Is the subject land currently the subject of a proposed Official plan or Official Plan amendment, Zoning By-Law amendment, a minister's zoning order, a minor variance, an approval or a plan of subdivision or a consent?

☐ Yes ☒ No ☐ Unknown

If **yes** and if **known**, specify the appropriate file number and status of the application.

## 11. Notice of Collection – Municipal Freedom of Information and Protection of Privacy Act

- 11.1 Personal information collected on this form is collected under the authority of the *Planning Act*, R.S.O. 1990 as amended, and will be used to assist in making a decision on this matter. All names, addresses, opinions and comments will be made available for public disclosure. Questions regarding the Municipal Freedom of Information and Protection of Privacy Act should be forwarded to: Town Clerk, c/o Town of Fort Frances, 320 Portage Avenue, Fort Frances, Ontario P9A 3P9, Telephone (807) 274-5323, Ext. 236.

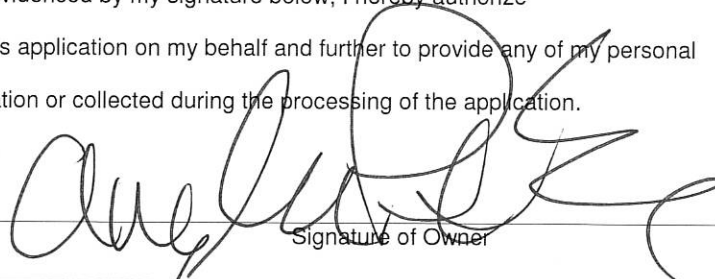
## 12. Owner's Authorization and Consent

- 12.1 This form must be used in all cases where individual(s) are being authorized on behalf of the owner to file an application and to act on behalf of the owner of property that is the subject of the application. Some instances where this authorization will be required are: where a solicitor is acting for an owner; where an agent is acting for an owner; where one owner is acting on behalf of other joint owners; where one owner with a percentage interest in a property is acting for other owners with a whole or percentage interest in a property; where a single spouse only has signed the application. Anyone having an interest in the property must provide a signed authorization. This form, or separate individual copies of this form must be appended to and duly executed by any and all owners of the property that is the subject of this application.

### Authorization to Applicant and Consent to Use and Disclosure of Personal Information

I, Angela Helene Petsnick of the Town of Fort Frances in the District of Rainy River am an owner of the land that is the subject of this application and, as evidenced by my signature below, I hereby authorize David Wade Petsnick to make this application on my behalf and further to provide any of my personal information that will be included in this application or collected during the processing of the application.

FEB 28<sup>th</sup> 2018  
Date

  
Signature of Owner


A File Number will be assigned by the Secretary for the Committee of Adjustment, which will be used in all communication.

#### Applicant's Checklist: Have you remembers to attach

- ☐ 12 copies of completed application form
- ☐ 12 copies of sketch
- ☐ 2 copies of Certificate of Approval from Northwestern Health Unit or Ministry of Environment and Energy (if applicable)
- ☐ Application Fee by cash, certified cheque or money order

Forward to:  
Town of Fort Frances  
Committee of Adjustment  
320 Portage Avenue  
Fort Frances, On P9A 3P9

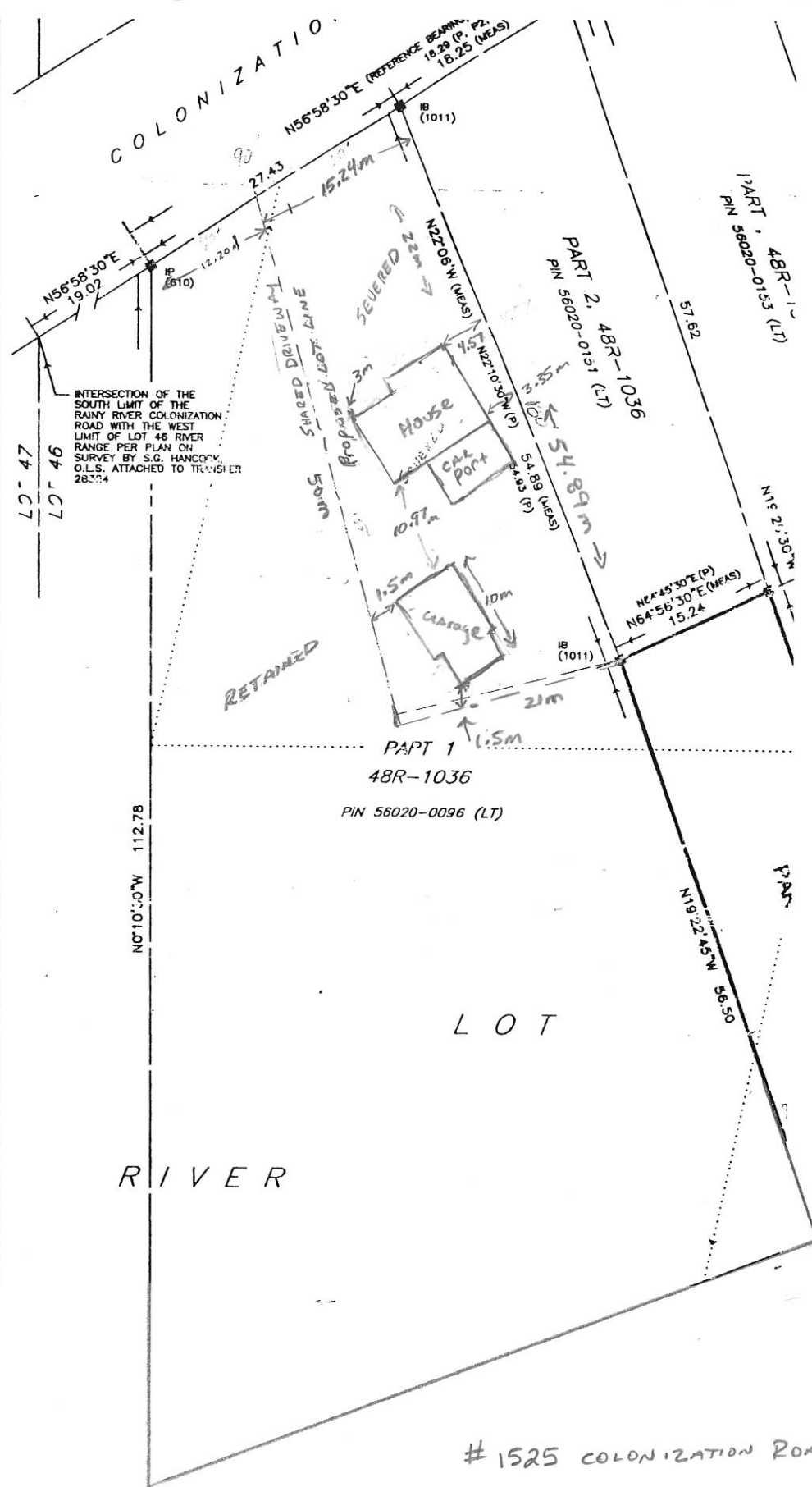
**SKETCH SHEET**

Outline area to be severed in GREEN or 

Outline area to be retained in RED

Sketch accompanying Application. (Use metric Units) (See Section 8)

▲  
N



#1525 COLONIZATION ROAD WEST.

NOTES: 1) SMALL OUTBUILDING TO BE MOVED  
2) PROPOSED SHARED DRIVEWAY.