



Municipality of Shuniah

Application for Cottage Conversion – Freehold Lands From a Recreational Dwelling to a Single Family Dwelling

Under Official Plan Amendment No. Two & Zoning By-law No. 2296-07

1. APPLICANT INFORMATION:

Registered Owner: _____

Mailing Address: _____

City _____ Prov _____ Postal Code _____

Telephone Number _____ Fax Number _____

Cell Phone: _____ Email: _____

2. LOCATION OF PROPERTY

Property Roll Number – 58-28- _____
(obtained from tax bill or assessment notice)

Complete the applicable boxes:

Registered Plan No.	Lot(s) No.
House # and Road Name	
Mining Location	Reference Plan No. Pts.
Concession	Section

3. DESCRIPTION OF STREET/ROAD

	Opened	Paved	Gravelled	Public	Private
Front					
Side					
Width of Street or Road					
Is the road maintained by the Municipality			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Has the road been dedicated/transferred to the Municipality			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Is the Road privately owned and/or privately maintained			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

4. **LOT DIMENSIONS (METRES AND/OR FEET)**

Take Note: Accuracy in this section is extremely important. The area and dimensions of the lot should be proven by a certificate of an Ontario Land Surveyor or by a registered plan of subdivision.

Frontage:	Depth:	Area:
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Does the lot have:

- an average lot width of 30 metres
- an area of 1800 square meters

Yes No
Yes No

5. **SERVICING IMPACT STUDY**

If the property is less than, 30 metres in lot width and/or 1,800 square metres in lot area, a study to determine impact of the conversion on the immediately abutting lands and related surrounding area is required to be completed by a qualified professional and as outlined within Section 7.4.1 of OPA No. 2. An original copy of the study must be included with this application.

Servicing Study completed by: _____

Will the use adversely affect the abutting Owners
If yes – Is there a remedy
If yes –Did the remedy correct any concerns

Yes No
Yes No
Yes No

6. **IS THE PROPERTY LOCATED WITHIN 300 METRES OF LOON LAKE** Yes No

For Loon Lake only, all Shoreline Lands development on existing lots within 300 metres for the shoreline surrounding Loon Lake will be limited by the Municipality based on, among other things, the considerations listed in Section 7.3.3 of OPA #2.

Loon Lake property owners are encouraged to become involved in collection of lake water samples through the Ministry of the Environments’ “Lake Partner Program (LPP)”, a volunteer-based water quality monitoring program.

LPP information is available at: http://www.ene.gov.on.ca/envision/water/lake_partner/index.htm or by contacting the MOE’s Dorset Environmental Science Centre at 1-800-470-8322.

7. **EXISTING USE OF PROPERTY** _____

8. **PROPOSED USE OF PROPERTY** _____

9. **RESIDENTIAL BUILDING (METRES AN/OR FEET)**

Dimensions:	Total Ground Floor Area:	Total No. of Bedrooms:
Number of Storeys:	In ground Basement	Yes <input type="checkbox"/> No <input type="checkbox"/>

10. **DIMENSIONS IN REFERENCE TO LOT BOUNDARIES (METRES AND/OR FEET) FOR EXISTING RESIDENTIAL BUILDING:**

Distance from centreline of road:		
Distance from Railway Property Line:		
Distance from Rear Lot Line:		
Distance from Side Lot Lines:	North/East Side:	South/West Side:
Distance from High Water Mark:		

11. **INDICATE APPROXIMATE YEAR OF CONSTRUCTION/ADDITIONS ETC.:**

12. **DESCRIBE THE GENERAL TOPOGRAPHY AND ANY SPECIAL CHARACTERISTICS THAT MAY AFFECT DEVELOPMENT (RAVINES, ROCKS, MARSHLANDS)**

13. **DESCRIBE THE DRAINAGE OF THE SITE AND ANY ON-SITE OR NEARBY WATER SOURCES (EG CREEKS, PONDS, DITCHES)**

14. **SEWAGE DISPOSAL SYSTEM**

Attach a copy of Certificate of Approval from the Thunder Bay District Health Unit or the Ministry of the Environment or a letter of compliance from the Thunder Bay District Health Unit or the Ministry of the Environment that the system is still operating satisfactorily.

15. **WATER SUPPLY**

Dug Well - Depth:	Drilled Well - Depth:	Lake: _____
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Do you have a disinfecting system for your dug well or lake supply system Yes No
Is the water potable? Yes No

Note: If the well is dug or you are using a lake water supply please provide, from a recognized testing laboratory, that the water source on the subject property is potable

Attach a certificate/letter of well driller or master plumber certifying a minimum pumping capacity of 18 litres/4 gallons per minute for a one hour test period.

16. **PLOT PLAN REQUIRED**

Prior to a Certificate of Conversion being issued the following information must be submitted on a plot plan:

- a) area and dimension of the lot;
- b) locations and dimensions of all existing buildings (show locations of buildings/structures on adjoining properties);
- c) location of well and neighbouring wells (indicate if the wells are dug or drilled, and indicate distance form property lines);
- d) location of subsurface sewage disposal system, including septic tank, weeping beds and any other components (please show neighbouring properties systems if know)
- e) location of street/road and property lines;
- f) locations of any watercourses and drainage easements if any; and
- g) location of trees or treed areas on lot.

17. **OTHER INFORMATION:** _____

18. The application fee is \$500.00.

Note: The Chief Building Official or his designate shall issue a "Certificate of Occupancy" upon compliance by the applicant with all provisions of the Cottage Conversion Policy and all applicable by-laws of the Municipality including the zoning by-law.

The "Certificate of Occupancy" is required prior to a Certificate of Conversion being issued.

Declaration

I _____ of the _____

in the District of _____ do solemnly declare that all the above statements contained in the application 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 Canada Evidence Act.

Declared before me at the _____

in the District of _____

this day of _____ ; 20_____

Signature

Commissionaire for Taking Affidavits

For Office use only:

Receipt No. _____ Date Application Received _____