

Application For Official Plan And/Or Zoning By-Law Amendment

Note: The "*" identifies prescribed information for Official Plan Amendments outlined in Ontario Regulations 543/06; the "+" identifies prescribed information for Zoning By-law Amendments outlined in Ontario Regulation 545/06. Until Council has received the prescribed information and material, Council may refuse to accept or further consider this application.

PART I GENERAL INFORMATION

1. TYPE OF AMENDMENT

Official Plan [] Zoning By-law [X] Both []

2. APPLICANT/OWNER INFORMATION

- a) *+ Applicant's Name(s): David Costello
 *+ Address: 589 Golden Lyn Way, Killaloe, ON K0J 2A0
 *+ Phone #: Home: [REDACTED] Work: () _____ Fax: () _____

- b) The applicant is: [] the registered owner
 [X] an agent authorized by the owner

- c) If the applicant is an agent authorized by the owner, please complete the following:
 + Name of Owner: Evangelical Lutheran Church (c/o Mandi Walker, Mgr Finance & Admin)
 + Address of Owner: 74 Weber Street West, Kitchener, ON N2H 3Z3
 + Phone #: Home: () _____ Work: [REDACTED] Fax: () _____

- d) To whom should correspondence be sent? [] Owner [] Applicant [X] Both

- e) + If known, if there are any holders of any mortgages, charges or other encumbrances on the subject land, please provide details as follows:
 Name: _____ Address: _____
 Name: _____ Address: _____

3. *+PROVIDE A DESCRIPTION OF THE SUBJECT LAND

Street Address: A portion of 909 Zadow Road
Municipality: Twp of Bonnechere Valley Geographic Twp: South Algona Concession: 10 Lot: Part Lot 17
Registered Plan No.: 49R 11746 Block or Lot No(s). in the Plan: _____
Reference Plan No.: _____ Part No(s).: _____

4. *+CURRENT DESIGNATION OF THE SUBJECT LAND IN THE OFFICIAL PLAN (IF ANY):

Rural

PART II OFFICIAL PLAN AMENDMENT (Proceed to PART III, if an Official Plan Amendment is not proposed)

- 5. *NAME OF OFFICIAL PLAN TO BE AMENDED: _____
- 6. *NAME OF MUNICIPALITY REQUESTED TO INITIATE PLAN AMENDMENT: _____
- 7. *DATE THE REQUEST FOR OFFICIAL PLAN AMENDMENT WAS MADE: _____
- 8. *LAND USES AUTHORIZED BY THE CURRENT DESIGNATION: _____

9. DOES THE PROPOSED OFFICIAL PLAN AMENDMENT DO THE FOLLOWING?

- | | | |
|--|---|-----------------------------|
| *Change a policy in the Official Plan | <input type="checkbox"/> Yes (go to question #10) | <input type="checkbox"/> No |
| *Replace a policy in the Official Plan | <input type="checkbox"/> Yes (go to question #10) | <input type="checkbox"/> No |
| *Delete a policy in the Official Plan | <input type="checkbox"/> Yes (go to question #10) | <input type="checkbox"/> No |
| *Add a policy in the Official Plan | <input type="checkbox"/> Yes (go to question #11) | <input type="checkbox"/> No |
| *Change or replace a designation in the Official Plan | <input type="checkbox"/> Yes (go to question #12) | <input type="checkbox"/> No |
| *Alter any boundary of, or establish a new settlement area | <input type="checkbox"/> Yes (go to question #13) | <input type="checkbox"/> No |
| *Remove the subject land from an employment area | <input type="checkbox"/> Yes (go to question #14) | <input type="checkbox"/> No |

- 10. *SECTION NUMBER(S) OF POLICY TO BE CHANGED, REPLACED OR DELETED: _____
- 11. *PURPOSE OF THE PROPOSED AMENDMENT, IF A POLICY IS TO BE CHANGED, REPLACED, DELETED OR ADDED: _____
- 12. *DESIGNATION TO BE CHANGED OR REPLACED: _____
- 13. *SECTION NUMBER(S) OF POLICY DEALING WITH THE ALTERATION OR ESTABLISHMENT OF A SETTLEMENT AREA: _____
- 14. *SECTION NUMBER(S) OF POLICY DEALING WITH THE REMOVAL OF LAND FROM AN EMPLOYMENT AREA: _____ Not Applicable
- 15. *INDICATE HOW WATER IS SUPPLIED AND HOW SEWAGE DISPOSAL IS PROVIDED TO THE SUBJECT LAND:

- | WATER | SEWAGE |
|---|---|
| <input type="checkbox"/> Publicly owned and operated piped system | <input type="checkbox"/> Publicly owned and operated piped sanitary sewage system |
| <input type="checkbox"/> Privately owned and operated individual well | <input type="checkbox"/> Privately owned and operated communal septic system |
| <input type="checkbox"/> Privately owned and operated communal well | <input type="checkbox"/> Privately owned and operated communal individual septic system |
| <input type="checkbox"/> Lake or other water body | <input type="checkbox"/> Privy |
| <input type="checkbox"/> Other means: | <input type="checkbox"/> Other means: |

- 16. *IF THE PROPOSED DEVELOPMENT IS SERVICED BY A PRIVATELY OWNED AND OPERATED INDIVIDUAL OR COMMUNAL SEPTIC SYSTEM, WILL THE COMPLETED DEVELOPMENT PRODUCE MORE THAN 4500 LITRES OF EFFLUENT PER DAY?
 Yes No

IF YES, THE FOLLOWING PROFESSIONALLY PREPARED REPORTS ARE REQUIRED TO BE SUBMITTED WITH THIS APPLICATIONS:

- Servicing Options Report
- Hydrogeological Assessment with Nitrate Impact Assessment

17. ***IS THE REQUESTED AMENDMENT CONSISTENT WITH THE POLICY STATEMENTS ISSUED UNDER SECTION 3(1) OF THE PLANNING ACT?**
 Yes No
18. ***APPROXIMATE AREA OF LAND COVERED BY THE PROPOSED AMENDMENT (IF APPLICABLE & IF KNOWN):**

19. ***LAND USES THAT WOULD BE AUTHORIZED BY THE PROPOSED AMENDMENT:**

20. ***HAS THE APPLICANT APPLIED FOR APPROVAL OF ANY OF THE FOLLOWING FOR THE SUBJECT LAND OR FOR LAND WITHIN 120 METRES OF THE SUBJECT LAND?**
- | | | |
|-------------------------|------------------------------|-----------------------------|
| Official Plan Amendment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Zoning By-law Amendment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Minor Variance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Plan of Subdivision | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Consent (Severance) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Site Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Minister's Zoning Order | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

21. ***IF THE ANSWER TO QUESTION 20 IS YES, PLEASE PROVIDE THE FOLLOWING INFORMATION, IF KNOWN:**

File No. of Application: _____

Name of Approval Authority: _____

Lands Affected by the Application: _____

Purpose of Application: _____

Status of Application: _____

Effect of that Application on the proposed Plan Amendment: _____

22. ***PLEASE ATTACH THE TEXT OF THE PROPOSED AMENDMENT ON A SEPARATE PAGE, IF A POLICY IS BEING CHANGED, REPLACED, DELETED OR ADDED.**
23. ***PLEASE ATTACH THE PROPOSED (MAP) SCHEDULE AND THE ACCOMPANYING TEXT, IF THE PROPOSED AMENDMENT CHANGES OR REPLACES A (MAP) SCHEDULE.**

PART III ZONING BY-LAW AMENDMENT (Proceed to PART IV, if a Zoning By-law Amendment is not proposed)

24. **+WHAT IS THE CURRENT OFFICIAL PLAN DESIGNATION OF THE SUBJECT LAND?**
 Rural
25. **+HOW DOES THE ZONING AMENDMENT REQUESTED CONFORM TO THE OFFICIAL PLAN?**
 Conforms
26. **+IS THE REQUESTED AMENDMENT CONSISTENT WITH THE POLICY STATEMENTS ISSUED UNDER SECTION 3(1) OF THE PLANNING ACT?**
 DC Yes No
27. **+WHAT IS THE CURRENT ZONING OF THE SUBJECT LAND?** Tourist Commercial (TC)

28. **+PLEASE STATE THE NATURE AND EXTENT OF THE REZONING REQUESTED:** _____
 Re-zone severed parcel/lot addition to Limited Service Residential (LSR) _____
29. **+WHAT IS THE REASON WHY THE REZONING IS REQUESTED?** Lot addition to existing
parcel currently zoned Limited Service Residential (LSR) _____
30. **+IS THE SUBJECT LAND IN AN AREA WHERE MINIMUM AND MAXIMUM DENSITY REQUIREMENTS APPLY?** Yes No
IF YES, WHAT ARE THE DENSITY REQUIREMENTS? _____
31. **+IS THE SUBJECT LAND IN AN AREA WHERE MINIMUM AND MAXIMUM HEIGHT REQUIREMENTS APPLY?** Yes No
IF YES, WHAT ARE THE HEIGHT REQUIREMENTS? _____
32. **+DOES THE REQUESTED AMENDMENT ALTER OR IMPLEMENT A NEW SETTLEMENT AREA?**
 Yes No
IF YES, PROVIDE DETAILS OF THE OFFICIAL PLAN OR OFFICIAL PLAN AMENDMENT THAT DEALS WITH THIS MATTER: _____

33. **+DOES THE REQUESTED AMENDMENT REMOVE LAND FROM AN EMPLOYMENT AREA?**
 Yes No Not Applicable
+IF YES, PROVIDE DETAILS OF THE OFFICIAL PLAN OR OFFICIAL PLAN AMENDMENT THAT DEALS WITH THIS MATTER: _____

34. **+IS THE SUBJECT LAND WITHIN AN AREA WHERE ZONING WITH CONDITIONS MAY APPLY?**
 Yes No Not Applicable
+IF YES, PROVIDE DETAILS OF HOW THE APPLICATION CONFORMS TO THE OFFICIAL PLAN POLICIES RELATING TO ZONING WITH CONDITIONS: _____

35. **+DIMENSIONS OF THE SUBJECT LAND:**
 Frontage: 16.8 m Depth: 84 m Area: 0.136 ha
36. **+PLEASE MARK BELOW THE ACCESS TO THE SUBJECT LAND:**
 Provincial Highway Municipal Road Maintained Year-round
 Municipal Road Maintained Seasonally Right of Way Water
 Other: _____

37. **+IF THE ONLY ACCESS IS BY WATER, PLEASE STATE BELOW THE PARKING AND DOCKING FACILITIES THAT ARE TO BE USED, AND THE DISTANCE OF THESE FACILITIES FROM THE SUBJECT LAND AND FROM THE NEAREST PUBLIC ROAD:**

38. **+WHAT ARE THE EXISTING USES OF THE SUBJECT LAND AND IF KNOWN, HOW LONG HAVE THEY CONTINUED?**

#1 Vacant Wood Lot Since: _____ / _____ years

#2 _____ Since: _____ / _____ years

39. **+ARE THERE ANY BUILDINGS OR STRUCTURES ON THE SUBJECT LAND?**

Yes No

40. **+IF KNOWN, WHEN WAS THE SUBJECT LAND ACQUIRED BY THE CURRENT OWNER?**

41. **+WHAT ARE THE "PROPOSED" USES OF THE SUBJECT LAND?**

Residential

42. **+WILL ANY BUILDINGS OR STRUCTURES BE BUILT ON THE SUBJECT LAND?**

Yes No

43. **+PROVIDE THE FOLLOWING DETAILS FOR ALL EXISTING OR PROPOSED BUILDINGS OR STRUCTURES ON THE SUBJECT LAND (use a separate page if necessary):**

	EXISTING			PROPOSED	
Type of building or structure				Residence Expansion	
Setback from the front lot line				Min 3 m	
Setback from the rear lot line				Min 3 m	
Setbacks from the side lot lines				Min 3 m	
Height (in meters)				5.64 m	
Dimensions or floor area				6.3 m x 7.6 m	
Date constructed, if known					

44. **+INDICATE HOW WATER IS SUPPLIED AND HOW SEWAGE DISPOSAL IS PROVIDED TO THE SUBJECT LAND:**

WATER		SEWAGE	
<input type="checkbox"/>	Publicly owned and operated piped water system	<input type="checkbox"/>	Publicly owned and operated piped sanitary sewage system
<input checked="" type="checkbox"/>	Privately owned and operated individual well	<input type="checkbox"/>	Privately owned and operated communal septic system
<input type="checkbox"/>	Privately owned and operated communal well	<input checked="" type="checkbox"/>	Privately owned and operated individual septic system
<input type="checkbox"/>	Lake or other water body	<input type="checkbox"/>	Privy
<input type="checkbox"/>	Other means: _____	<input type="checkbox"/>	Other means: _____

45. **+IF THE PROPOSED DEVELOPMENT IS SERVICED BY A PRIVATELY OWNED AND OPERATED INDIVIDUAL OR COMMUNAL SEPTIC SYSTEM, WILL THE COMPLETED DEVELOPMENT PRODUCE MORE THAN 4500 LITRES OF EFFLUENT PER DAY?**

Yes No

+IF YES, THE FOLLOWING PROFESSIONALLY PREPARED REPORTS ARE REQUIRED TO BE SUBMITTED WITH THIS APPLICATIONS:

- **Servicing Options Report**
- **Hydrogeological Assessment with Nitrate Impact Assessment**

46. **+HOW IS STORM DRAINAGE PROVIDED?** Sewers Ditches Swales Other Means

47. **+IS THE SUBJECT LAND ALSO THE SUBJECT OF AN APPLICATION FOR APPROVAL OF A PLAN OF SUBDIVISION OR CONSENT?** Yes No Don't know

+IF YES, PLEASE STATE, IF KNOWN, THE FILE NUMBER AND THE STATUS OF THE APPLICATION:

File No.: B137/24 Status: Granted with Conditions

48. **+HAS THE SUBJECT LAND EVER BEEN THE SUBJECT OF AN APPLICATION UNDER SECTION 34 OF THE PLANNING ACT?** Yes No Don't know

49. **+HAS THE SUBJECT LAND EVER BEEN THE SUBJECT OF A MINISTER'S ZONING ORDER?**
 Yes No

+IF YES, PLEASE STATE IF KNOWN, THE ONTARIO REGULATION NUMBER OF THAT ORDER: _____

50. APPLICATION SKETCH

On a separate page(s), please provide a sketch, preferably prepared by a qualified professional, showing the following: (In some cases, it may be more appropriate to prepare additional sketches at varying scales to better illustrate the proposal.)

- +Boundaries and the dimensions of the subject land for which the amendment is being sought.
- +The location, size and type of all existing and proposed buildings and structures, indicating the distances from the front yard lot line, rear yard lot line and the side yard lot lines.
- +The approximate location of all natural and artificial features on the subject land and on land that is adjacent to the subject land that, in the opinion of the applicant, may affect the application. Examples include buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded areas, wells and septic tanks.
- +The current uses on land that is adjacent to the subject land.
- +The location, width, and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public traveled road, a private road or a right of way.
- +If access to the subject land is by water only, the location of the parking and docking facilities to be used.
- +The location and nature of any easement affecting the subject land.
- Applicant's Name
- Date of Sketch
- The scale to which the sketch is drafted (e.g. 1 cm = 50 m)
- North Arrow
- The locations and dimensions of off-street parking spaces and off-street loading facilities.
- Planting strips and landscaped areas.
- Buildings to be demolished or relocated.

PART IV OTHER SUPPORTING INFORMATION

51. PLEASE LIST THE TITLES OF ANY SUPPORTING DOCUMENTS (e.g., Environmental Impact Study, Hydrogeological Report, Traffic Study, Market Area Study, Aggregate License Report, Stormwater Management Report, etc.):

PART V AUTHORIZATION OF OWNER FOR AGENT TO MAKE THE APPLICATION:

(If affidavit (Part VI) is signed by an Agent on owner's behalf, the Owner's written authorization below must be completed)

I (we) The Eastern Synod of the Evangelical Church in Canada of the Township
of Bonnechere Valley in the County of Renfrew do hereby authorize
David Costello to act as my (our) agent in this application.

Carla Blakely, Bishop Signature of Owner(s) Fred Mertz, Treasurer _____ Date

PART VI *+AFFIDAVIT (This affidavit must be signed in the presence of a Commissioner):

I (we), David Costello of the Township of
of Bonnechere Valley in the County of Renfrew solemnly declare that
all of the information required under Ontario Regulation 543/06 and/or Ontario Regulation 545/06,
and the statements contained in this application are true, and I (we), 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 Municipal Office of The Township of Bonnechere Valley in the
County of Renfrew this 30TH day of DECEMBER, 2025 2024

David W. Costello _____ DEC 30/24
Signature of Owner or Authorized Agent Date

Erica Rice _____ Dec. 30/24
Signature of Commissioner **ERICA RICE** Date
Planning and Licensing Clerk
Commissioner for taking Affidavits
for the Corporation of the
Township of Bonnechere Valley

NOTE: One of the purposes of the Planning Act is to provide for planning processes that are open, accessible, timely and efficient. Accordingly, all written submissions, documents, correspondence, e-mails or other communications (including your name and address) form part of the public record and will be disclosed/made available by the County/local Municipality to such persons as the County/local Municipality sees fit, including anyone requesting such information. Accordingly, in providing such information, you shall be deemed to have consented to its use and disclosure as part of the planning process.

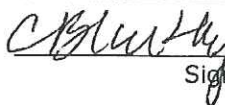
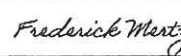
PART IV OTHER SUPPORTING INFORMATION

51. PLEASE LIST THE TITLES OF ANY SUPPORTING DOCUMENTS (e.g., Environmental Impact Study, Hydrogeological Report, Traffic Study, Market Area Study, Aggregate License Report, Stormwater Management Report, etc.):

PART V AUTHORIZATION OF OWNER FOR AGENT TO MAKE THE APPLICATION:

(If affidavit (Part VI) is signed by an Agent on owner's behalf, the Owner's written authorization below must be completed)

I (we) The Eastern Synod of The Evangelical Lutheran Church in Canada of the Township
Bonnechere Valley in the County of Renfrew do hereby authorize
David Costello to act as my (our) agent in this application.

 Carla Blakley,
Bishop
 Fred Mertz,
Treasurer
2025-01-03 FM
Signature of Owner(s) Date

PART VI *+AFFIDAVIT (This affidavit must be signed in the presence of a Commissioner):

I (we), _____ of the _____
of _____ in the County of Renfrew solemnly declare that
all of the information required under Ontario Regulation 543/06 and/or Ontario Regulation 545/06,
and the statements contained in this application are true, and I (we), 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 _____ of _____ in the
County of Renfrew this _____ day of _____, 2 _____.

Signature of Owner or Authorized Agent Date

Signature of Commissioner Date

NOTE: One of the purposes of the Planning Act is to provide for planning processes that are open, accessible, timely and efficient. Accordingly, all written submissions, documents, correspondence, e-mails or other communications (including your name and address) form part of the public record and will be disclosed/made available by the County/local Municipality to such persons as the County/local Municipality sees fit, including anyone requesting such information. Accordingly, in providing such information, you shall be deemed to have consented to its use and disclosure as part of the planning process.

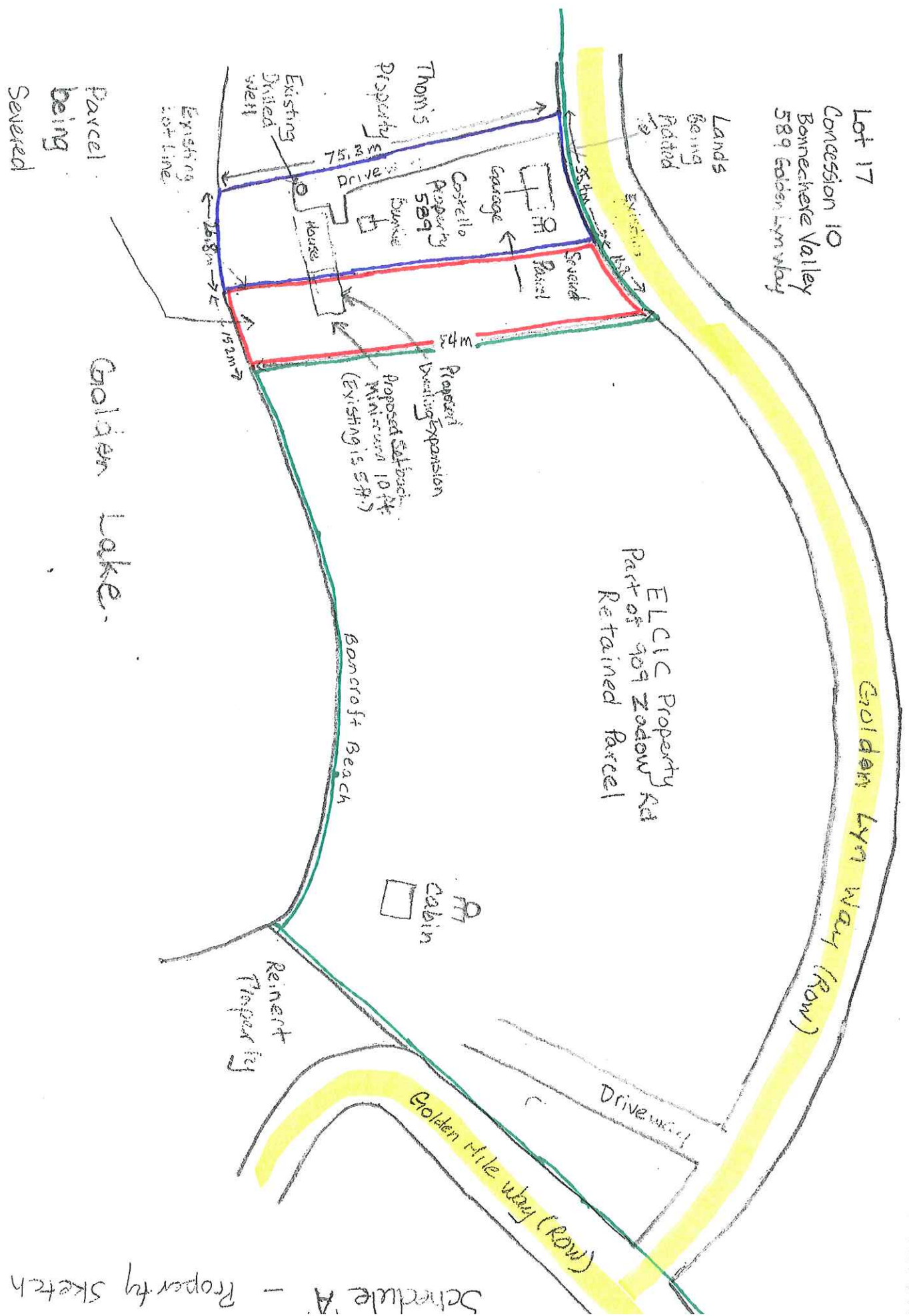
(To be completed by the Municipality)

"COMPLETE" APPLICATION AND FEE OF \$ 300.00 **RECEIVED BY THE MUNICIPALITY:**
January 22, 2015 [Signature]
Date Signature of Municipal Employee

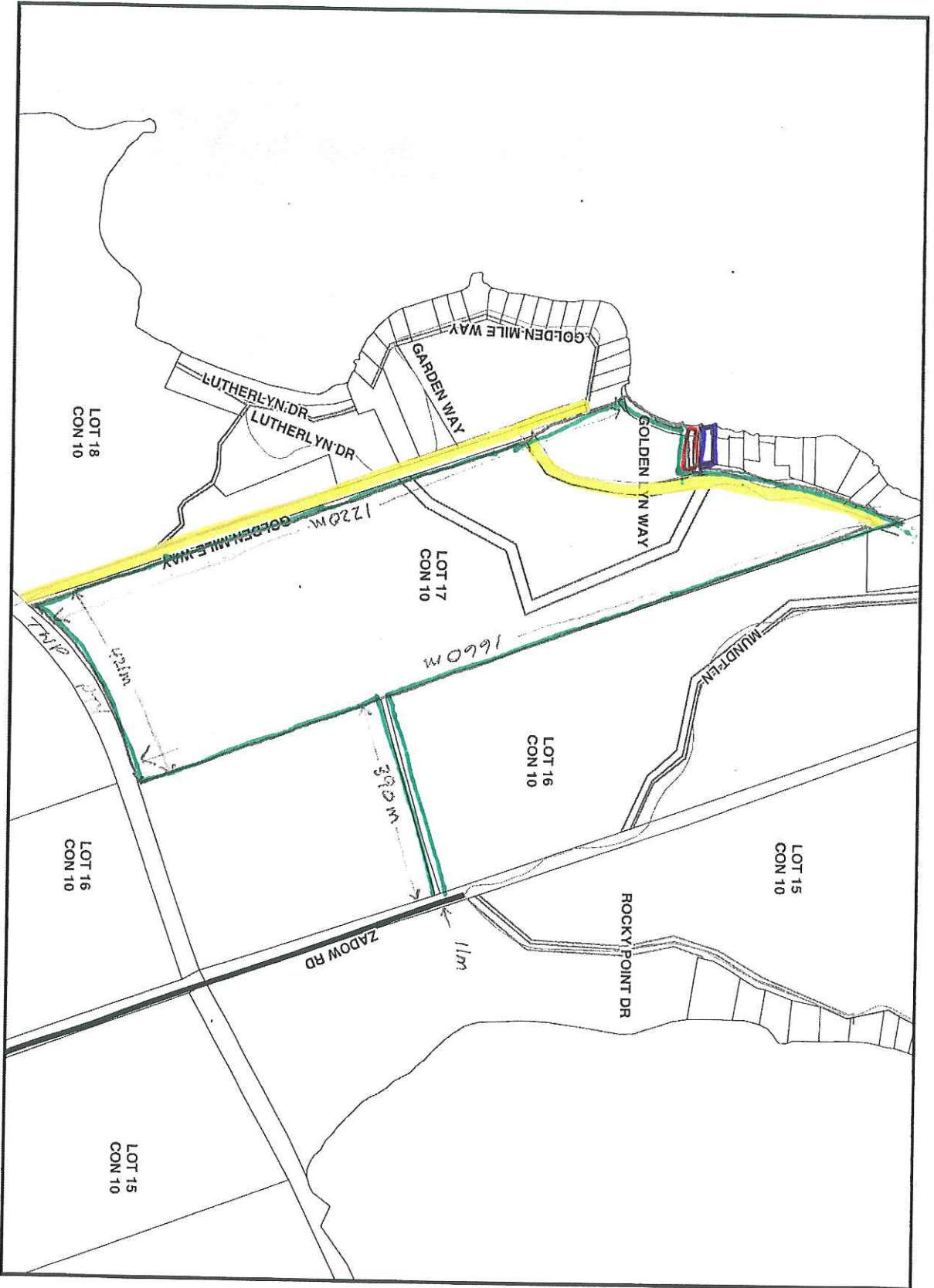
Roll # _____

X:\Planning\Data\COUNTY\D - DEVELOPMENT & PLANNING\D00 DEVELOPMENT & PLANNING - GENERAL\PLANNING APPLICATIONS & FORMS\CURRENT APPLICATIONS\OP-ZB AMENDMENT FORM-Feb 2016.doc

Schedule 'A' - Property Sketch



SCRAPE U
Lot Lines



1 centimeter = 100 meters



Township of BONNECHERE VALLEY
(Geographic Township of South Algona)