



Zoning By-law Amendment Application

PURSUANT TO SECTION 34 OF THE PLANNING ACT

215-2024

1. Applicant information	
Registered owner(s) of the subject land	
Name: Karen Alberti	
Address: 141 Main St., PO Box 10	
Town: Thedford	Postal Code: NOM 2N0
Phone:	Cell: 519-770-7684
Fax:	Email: thedfordshiresnug@gmail.com
Authorized agent (authorized by the owner to file the application, if applicable)	
Name:	
Address:	
Town:	Postal Code:
Phone:	Cell:
Fax:	Email:

2. The date of the application: August 22, 2024
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3. If known, please indicate the names and addresses of the holders of any mortgages, charges or other encumbrances in respect of the subject land. Provide a separate sheet where needed.	
Name: same as above	
Address:	
Town:	Postal Code:
Phone:	Cell:
Fax:	Email:

4a. Current Official Plan land use designation: Commercial for Bed & Breakfast
b. Please explain how this application conforms to the Official Plan?

5a. Current Zoning: Commercial for B&B
b. Please explain the nature and extent of the rezoning?
I have changed most of the rooms in the building to be a Seniors Residence or monthly rental units I would like to be re-zoned for (Residential) designation Residential please.

c. Please provide the reason why the rezoning is requested?

I can not afford the high rate of land tax issued for this property when it never really has been commercial.

6. Description of subject land

Geographic Township:	Concession(s):	Lot(s):
Registered Plan: 2	Lot(s): 38/37	
Reference Plan:	Part(s):	
Street Address: 141 Main Street	Municipal Roll Number: 3845490010104000000	

7. Dimensions of subject land (in metric units)

Frontage: 52.5 M	Depth: 61 M	Area: 2591 MSq
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8. Access to subject land (please provide information for only those that apply to this property)

Provincial Highway:	County Road: Main Street
Municipal Road:	Other Public Road:
Right of Way:	Water:

Item 15 to the Schedule of Ontario Regulation 545/06 applies only if access is by water.

9. Describe all existing uses of the subject land?

5 Residential spaces - my personal space; 1 x Lower level 2 bedroom apartment; 1 x lower level studio apartment; 2 x Seniors residence and 1 guestroom.

10. Please indicate whether there are any existing buildings or structures on the subject land?

Yes* No

*If yes, please complete the following table indicating the types of buildings and structures, including date of construction, that currently exist on the lot and the specified measurements (in metric units):

Type of Building / Structure	Date of construction	Distance from front lot line	Distance from rear lot line	Distance from side lot lines	Height	Floor Area
Residential Home	2019-2023					
		Please see	attached dra	wings for specs		

11. Describe all proposed uses of the subject land?

Private Residential

12. Please indicate whether any buildings or structures are proposed to be built on the subject land?

Yes* No

*If yes, please indicate the type of buildings or structures proposed on the subject land and the specified measurements (in metric units):

Type of Building / Structure	Distance from front lot line	Distance from rear lot line	Distance from side lot lines	Height	Floor Area

13. Please indicate the date when the subject land was acquired by the current owner?

2019

14. Please indicate the length of time that the existing uses of the subject land have continued?

just over 1 year

15. Water Supply: Water supply will be provided via?

<input checked="" type="checkbox"/> publicly owned and operated piped water system	<input type="checkbox"/> lake or other water body
<input type="checkbox"/> privately owned well or communal well	<input type="checkbox"/> other (please specify) _____

16. Sewage Disposal: Sewage disposal will be provided via?

<input checked="" type="checkbox"/> publicly owned and operated sanitary sewage system	<input type="checkbox"/> privy
<input type="checkbox"/> privately owned individual or communal septic system	<input type="checkbox"/> other (please specify) _____

17. Please indicate if the application would permit development on privately owned and operated individual or communal septic systems, and more than 4500 litres of effluent produced per day as a result of the development being completed.

Yes* No

*If yes, have the following reports been submitted as part of the requested amendment?

<input checked="" type="checkbox"/> servicing options report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input checked="" type="checkbox"/> hydrogeological report	Yes <input type="checkbox"/>	No <input type="checkbox"/>

18. Storm Drainage: Storm drainage will be provided via?

<input checked="" type="checkbox"/> storm sewers	<input type="checkbox"/> swales
<input type="checkbox"/> municipal drainage ditches	<input type="checkbox"/> other (please specify) _____

19. Indicate the minimum and maximum density and height requirements if applicable:

	Minimum	Maximum
Height		
Density		

20. Is this an application to implement an alteration to the boundary of an area of settlement or to implement a new area of settlement?

Yes* No

*If yes, provide the current Official Plan policies, if any, dealing with the alteration or establishment of an area of settlement:

(please use a separate sheet)

21. Does this application remove land from an area of employment?

Yes* No

*If yes, provide the current Official Plan policies, if any, dealing with the removal of land from an area of employment:

(please use a separate sheet)

22. Are the subject lands within an area where zoning with conditions applies?

Yes* No

*If yes, provide an explanation of how the proposed amendment complies with the Official Plan policy relating to the zoning with conditions:

(please use a separate sheet)

23. If known, has the subject land ever been the subject of:

An application for an amendment to the Official Plan under the *Planning Act*?

Yes* No

*If yes, provide the following: File No. _____ Status _____

An application for an amendment to the Zoning By-law under the *Planning Act*?

Yes* No

*If yes, provide the following: File No. _____ Status _____

A Minister's zoning order under the *Planning Act*?

Yes* No

*If yes, provide the following: Reg. No. _____ Status _____

An application for approval of a Plan of Subdivision under the *Planning Act*?

Yes* No

*If yes, provide the following: File No. _____ Status _____

An application for an application for Consent under the *Planning Act*?

Yes* No

*If yes, provide the following: File No. _____ Status _____

24. Please indicate how the application is consistent with the Provincial Policy Statement (a copy of the Provincial Policy Statement is available at ontario.ca/page/land-use-planning)?

25. Is the subject land within an area of land designated under any provincial plan or plans?

Yes* No

*If yes, explain how the requested amendment conforms or does not conflict with the provincial plan or plans.

26. Does your proposed strategy for consulting with the public regarding the subject application exceed the <i>Planning Act's</i> minimum requirements?	Yes* <input type="checkbox"/>	No <input type="checkbox"/>
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*If yes, elaborate on the additional consultation proposed.

Items 30 and 31 to the Schedule of Ontario Regulation 546/06 apply only if the subject land is within an area of land designated under any provincial plan or plans.

27. This application must be accompanied by a sketch showing the following information. Failure to supply this information will result in a delay in procession the application. Please fill out the checklist below to ensure you have included all the required information.

- The boundaries and dimensions of the subject land.
- The location, size and type of all existing and proposed buildings and structures on the subject land, indicating the distance of the buildings and structures 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 (for example buildings, railways, roads, watercourses, drainage ditches, rivers 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 travelled road, a private road or a right-of-way.
- If access to the subject land will be by water only, the location of the parking and docking facilities to be used.
- The location and nature of any easements affecting the subject land.

MUNICIPAL COSTS

Please be advised that the municipality may incur expenses associated with obtaining outside legal/engineering/planning review/assistance from its consultants, relating to your application. Any expenses that the municipality incurs in this regard will be forwarded to you, the applicant, for payment.

I, Karen Alberti, (the applicant) acknowledge that I will pay all legal/engineering/planning expenses the municipality incurs as outlined above.



 Signature

Aug 22, 2024

 Date

AGENT AUTHORIZATION (*Please complete for an agent to act on behalf of the owner of the subject land.)

I, _____, being the owner of the property described in Section 1 of

(Name)

this application for zoning by-law amendment, hereby authorize _____

(Agent)

to act as my agent in matters related to this application for zoning by-law amendment.

Dated this _____ day of _____ 20 ____

Owner

STATUTORY DECLARATION

I, Karen Alberti of the Municipality of Lambton Shores

(Name)

(Name of City, Town, Township, Municipality, etc.)

in the County of Lambton

(Name of County, Region or District)

SOLEMNLY DECLARE THAT

The information provided in this application as required under Section 34 of the *Planning Act* and Ontario Regulation 546/06 is true.

AND I make this solemn Declaration conscientiously believing it to be true, and knowing that is of the same force and effect as if made under oath.

Declared before me at the Municipality

of Lambton Shores in the County of Lambton

this 28th day of August 20 24

[Signature]
A Commissioner of Oaths

[Signature]
Applicant or Authorized Agent*