



TO: The Corporation of the Town of Collingwood
Mailing: (small envelopes only) P.O. Box 157, Collingwood, ON L9Y3Z5
planning@collingwood.ca

FILE NO.: _____
(Municipal Use)

Project Name: The Annex

APPLICATION FOR:

- Deeming By-law (D1207)
- Part Lot Control By-law (D1206)
- Parking Exemptions (T07)

Collate two (2) complete sets folded 8 1/2" x 14" (216mm by 357mm) separately (no binding strip) held together by elastic bands. Your application is distributed electronically therefore we require digital information including documents, drawings, and supporting reports. The drawings are required in AutoCAD, DWG, and PDF file in release 2000 or newer.

Application Fees:

Our flat fee is non-refundable and payable upon submission of the application. Consult the Treasury Departments landing page for the current Fees & Charges <https://www.collingwood.ca/council-government/budget-taxes/fees-charges>

The Owner/Applicant/Agent acknowledges and agrees that:

In addition, under exceptional site circumstances, the Town may require further or other reports which it determines are necessary to address such exceptional circumstances.

Contingency fees will be utilized to cover costs associated with this application when deemed necessary by the Town of Collingwood, i.e. professional consultants and legal advice. Any portion of the contingency fee not used in connection with the review and completion of an application will be returned. The applicant further agrees to pay any additional costs and expenses beyond the initial contingency fee, which shall be determined by staff of the Corporation of the Town of Collingwood in the event that the amount of the initial contingency fee taken is insufficient.

Be aware that the Nottawasaga Valley Conservation Authority (NVCA) and the Grey Sauble Conservation Authority (GSCA) apply additional fees to planning applications. Contact the NVCA directly at 1-705-424-1479 or GSCA 1-519-376-3076 for information related to their respective fee submission(s) and application(s).

TO BE COMPLETED BY APPLICANT:

Project Name: The Annex

Project Address: 400 Maple Street, Collingwood

Project Description: Residential subdivision and retention of existing historic building. Semi-detached portion of the project
requires a Part Lot Control By-law to further describe semi-detached lots.

Legal Description: See Schedule attached

Assessment Roll #: 4331 PIN (Property Identifier No.): _____

Registered Owner & Contact Information (s): Maple Street Limited Partnership c/o Georgian Communities. Att Jay Beech

Address: Street: 800-55 Mulcaster Street, Barrie, ON L4M 0J4 City: _____

Postal Code: _____ Land Line: 705 730 5900 Cell Phone: _____

E-mail: jbeech@georgiancommunities.com Fax: _____

1. Is the property affected by one or more of the following regulations?:

- The Source Water Protection Plan Intake Protection Zone or Wellhead Protection Area
 The Nottawasaga Valley Conservation Authority (N.V.C.A.)
 The Grey Sauble Conservation Authority (G.S.C.A.)
 The Town of Collingwood Heritage District

2. Is the subject land the subject of an application under the Planning Act, as amended for: (Please check appropriate box)

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| (a) Official Plan Amendment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Zoning By-Law Amendment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Minor Variance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Plan of Subdivision | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Site Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Plan of Condominium | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer is yes to any of the above, please specify the file number(s) and status of the application(s):
approval have been given for zoning, plan of subdivision, site plan and service easements.

Send Communications to:

Applicant/Consultant/Project Manager (Indicate which applies): Colin Travis

Address: Street: PO Box 323 Thornbury City: _____ Postal Code: N0H 2P0

Land Line: 705 446 9917 Cell Phone: _____

E-mail: colint@travisinc.ca Fax: _____

Zoning existing: R3-64, R3-65 (By-law 2022-079) proposed if applicable: _____

Official Plan existing: Existing Neighbourhood proposed if applicable: _____

Site Information: Water – Municipal _____ Private (if applicable): _____

Sewer – Municipal _____ Private (if applicable): _____

Proposed Uses: Approved subdivision includes semi-detached lots.

Site Area (sq. m / ha): _____ # of Units _____

Building Area (sq. m) proposed _____ existing (if applicable) _____

Mezzanine Area (sq. m) proposed _____ existing (if applicable) _____

Exterior Materials & Colours _____

Legal Information for Agreement Preparation

Certificate of Title Required _____ Enclosed

Is the property mortgaged? Yes _____ (Yes/No) Mortgagee: Canadian Imperial Bank of Commerce

Do you anticipate a new mortgage being added in the near future? _____

Who has authority to bind the corporation? (Name and Title) Daniel J. Revell, Vice-President & Secretary

Solicitor Contact Information: kbailey@georgian.ca

OWNER'S AUTHORIZATION FOR AGENT

I/we Maple Street GP Inc _____ authorize Colin Travis _____
to act as our agent(s) for the purpose of this application. _____
(Signature of owner)

DATED at the of: City _____ of Barrie _____
(City or Town) (Which City or Town)

this 2nd day of October, 2024.

OWNER'S AUTHORIZATION FOR ACCESS

I/we, Maple Street GP Inc _____, of the City of _____
(City or Town)

Barrie _____ in the County of Simcoe _____
(Which City or Town) (Region or County)

hereby permit the Town and its representatives to enter upon the property during regular business hours for the purpose of performing inspections of the property.



Signature of Owner



Signature of Witness

SOLEMNLY DECLARE THAT:

All above statements and the statements contained in all of the exhibits transmitted herewith are true. 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. I am the registered owner of the above-noted property or the agent of the owner duly authorized on the owner's behalf.

DECLARED before me at the of City _____ of Barrie _____
(City or Town) (Which City or Town)

in the County _____ of Simcoe _____ this 2nd _____ (Region or County)
(Which Region or County)
day of October, 2024.



Signature of Owner/Applicant/Agent



Signature of Commissioner

Please forward this application to your consultants to facilitate due-care between disciplines.

Silvia Marie Mills
Commissioner of the Province of Ontario,
for Kenneth E. Bailey Professional Corporation,
Barristers and Solicitors. Expires June 25, 2027.

THE CORPORATION OF THE TOWN OF COLLINGWOOD APPLICATION FOR DEEMING BY-LAW,
and Part-Lot Control, and Parking Exemption. 2020

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(Please Complete and Submit with Plans)

	Deeming By-Law Requirements	Part-Lot Control	Parking Exemptions	
M - Plan		2		
Sketch Plan of Proposed Area	As required	2	2	
Electronic Information	All associated information	All associated information	All associated information	
Survey Completed Application Form	2	2	2	
Appropriate Fee	1	1	1	

This application continues on the next page

FILE NO.: _____
(Municipality Use)

Contact Information:

Project Name: The Annex

Registered Owner: Maple Street GP Inc. & Maple Street Limited Partnership

Agent:

Name: Colin Travis

Address: Street: PO Box 323 City: Thornbury

Postal Code: N0H 2P0 Land Line: 705-446-9917 Cell Phone: _____

E-mail: colint@travisinc.ca Fax: _____

Solicitor:

Name: Kenneth E. Bailey

Address: Street: 800 - 55 Mulcaster Street City: Barrie

Postal Code: L4M 0J4 Land Line: 705-792-9279 Cell Phone: _____

E-mail: kbailey@georgian.ca Fax: _____

Engineer:

Name: Kevin Sansom, Tatham Engineering

Address: Street: 115 Sandford Fleming Drive City: Collingwood

Postal Code: L9Y 5A6 Land Line: _____ Cell Phone: _____

E-mail: ksansom@tathameng.com Fax: _____

Landscape Architect:

Name: Mike Hensel, Crozier & Associates

Address: Street: 1 First Street, Suite 200 City: Collingwood

Postal Code: _____ Land Line: 705-446-3510 Cell Phone: _____

E-mail: mhensel@cfcrozier.ca Fax: _____

Architect:

Name: J. White, IBI Group

Address: Street: 7th Floor, 55 St. Clair Avenue West City: Toronto

Postal Code: M4V 2Y7 Land Line: 416-596-1930 Cell Phone: _____

E-mail: _____ Fax: _____

Additional Information or Contacts:

Freedom of Information

Personal information on this form is collected under the authority of the *Planning Act*, R.S.O 1990, c. P.13, as amended and will be used to contact the applicant regarding progress of their application. This information will be used by the Town and relevant agencies for processing of this application and will also be available to members of the public inquiring about the application and is subject to the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56, as amended. Questions about this procedure should be directed to Questions about this procedure should be directed to Planning Services, Town of Collingwood Municipal Offices 55 Ste. Marie Street, Unit 302, Collingwood.ON . P.O. Box 157, L9Y 3Z5 705-445-1290 Fax: 705-445-1463 Extension: 3269

SCHEDULE

Legal Description	PIN
LOT 2, PLAN 51M1267; SUBJECT TO AN EASEMENT AS IN SC2039944; TOWN OF COLLINGWOOD	58280-0140
LOT 4, PLAN 51M1267; SUBJECT TO AN EASEMENT AS IN SC2039944; TOWN OF COLLINGWOOD	58280-0142
LOT 5, PLAN 51M1267; SUBJECT TO AN EASEMENT AS IN SC2039944; TOWN OF COLLINGWOOD	58280-0143
LOT 6, PLAN 51M1267; SUBJECT TO AN EASEMENT AS IN SC2039944; TOWN OF COLLINGWOOD	58280-0144
LOT 8, PLAN 51M1267; SUBJECT TO AN EASEMENT AS IN SC2039944; TOWN OF COLLINGWOOD	58280-0146