



**THE CORPORATION OF THE TOWN OF COLLINGWOOD  
SITE PLAN APPLICATION**

TO: The Corporation of the Town of Collingwood  
Mailing Address: P.O. Box 157, Collingwood, ON L9Y 3Z5  
Planning Services  
Courier: 55 Ste. Marie Street, Unit 302

**FILE NO.:** D \_\_\_\_\_  
(Municipality Use)

**APPLICATION FOR:**

**Project Name:**

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*Please forward this application to your consultants and ensure plan congruency.*

The submission is to be in accordance with the documents listed below and [Check List](#) (found on page 6).

Development Review Documents to be reviewed prior to submitting plans can be found at the following link:

<https://www.collingwood.ca/building-business/land-use-planning-services/development-planning>

**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. Submissions for OPA's and ZBA's must be submitted in draft format in *.pdf* and *Word Format* including the application description. Consult pages 5 & 6 of this application for a *Checklist of a Complete Submission*. **NB:** The expectation is that reviews will take place within 3 submissions therefore 4<sup>th</sup> submission drawings will have an additional charge.

- Site Plan Application
- Site Plan Application for a building of less than 500 sq.m
- Amendment to Site Plan Control Agreement
- Minor Adjustment to Site Plan Control Agreement
- Discharge of Site Plan Control Agreement  
(Original file number D11 \_\_\_\_\_)
- Radio Communications – Protocol Conformity Review Process
- Model Home Application-this is a D1205 number
- Development Agreement this will usually be associated with Committee of Adjustment and A Consent to Sever or a Minor Variance – see Consent Application

**NOTE:** Fees are calculated at the applicable rate at the time of filing and our flat fee is non-refundable. For further information reference the Fees and Services By-Law located on the Treasury Department landing page <https://www.collingwood.ca/council-government/budget-taxes> or review with planning staff.

**The Owner/Applicant/Agent acknowledges and agrees:**

**That all** required application fees shall be paid in cash or by cheque made payable to the Town of Collingwood at the time of submission of the application. In the event that all fees are not paid in full at the time of submission the application shall be deemed incomplete.

**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.

**Is the property affected by the regulations of the following?**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       | Are the subject lands within:   |
| <input type="checkbox"/> | <input type="checkbox"/> | a Secondary Plan Area?  |
| <input type="checkbox"/> | <input type="checkbox"/> | the Town of Collingwood Heritage District   |
| <input type="checkbox"/> | <input type="checkbox"/> | The Nottawasaga Valley Conservation Authority referred to as the NVCA. (The NVCA will review your application and you must contact the NVCA at (705) 424-1479 for the fee amount) |
| <input type="checkbox"/> | <input type="checkbox"/> | The Grey Sauble Conservation Authority (G.S.C.A.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | The Source Water Protection Plan Intake Protection Zone or Wellhead Protection Area   |

**Matters to address:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the subject lands or uses impacted by any current municipal review initiatives?  |
| <input type="checkbox"/> |                          | Due-care will be taken to ensure plans are in agreement between development disciplines to ensure uniformity between all parties?  |
| <input type="checkbox"/> |                          | I understand that all 3 <sup>rd</sup> submission drawings will require a further \$508.00 review fee.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do the lands have full Municipal Services?   |
| <input type="checkbox"/> |                          | I understand that Development Charges for sanitary sewers and water servicing may apply as per By-law No. 2017-080 and 2014-066 which is administered by the Treasury Department.  |
| <input type="checkbox"/> |                          | I understand that this development may be subject to the following:<br>1. Town Development Charges By-law, Simcoe County Development Charges, Education Levy, Black Ash Creek Special Policy Charges<br>2. Civic addressing, also known as 911, is administered by the Building Department. If your project requires addressing please access The Street Naming Policy and Civic Addressing By-Law 2014-028 which is on our website <a href="http://www.collingwood.ca/files/BL2014-028%20Civic%20Addressing_0.pdf">http://www.collingwood.ca/files/BL2014-028%20Civic%20Addressing_0.pdf</a> The Building Department administers these matters. Please contact administration@ <a href="mailto:building@collingwood.ca">building@collingwood.ca</a> |

**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 which may or not be sent directly to the agency.

**All Costs** incurred by the municipality in engaging peer review consultants in order to evaluate the proposal and supporting submissions shall also be borne by the applicant.

**These reports are required electronically** as well as in paper format. We require 2 copies of all plans and reports except for the \*

**And** as per OPA #16 the studies required may include any of the following:

<input type="checkbox"/> Active Transportation Report	<input type="checkbox"/> Illumination Study
<input type="checkbox"/> Affordable Housing Report	<input type="checkbox"/> Marina or Coastal Engineering Study
<input type="checkbox"/> Archeological Assessment	<input type="checkbox"/> Master Fire Plan
<input type="checkbox"/> Cultural Heritage Report	<input type="checkbox"/> Needs/Justification Report
<input type="checkbox"/> Environmental Site Assessment	<input type="checkbox"/> Noise Study
<input type="checkbox"/> Environmental Impact / Natural Heritage Study	<input type="checkbox"/> Odour /Nuisance /Dust /Vibration Study
<input type="checkbox"/> D4 Landfill Study	<input type="checkbox"/> Parking Report/Analysis
<input type="checkbox"/> Economic Cost Benefit Impact Analysis	<input type="checkbox"/> Planning Report, covering letter, draft Official Plan Amendment and/or draft Zoning By-law Amendment
<input type="checkbox"/> Electrical Economic Evaluation Plan	<input type="checkbox"/> Shadow Analysis
<input type="checkbox"/> Fire Safety Plan	<input type="checkbox"/> Spray Analysis - Golf Courses
<input type="checkbox"/> Fisheries Impact Study	<input type="checkbox"/> Stormwater Management Report

<input type="checkbox"/> Flooding, Erosion and Slope Stability Report	<input type="checkbox"/> Sustainability Analysis
<input type="checkbox"/> Functional Servicing Report	<input type="checkbox"/> Traffic Impact Study
<input type="checkbox"/> Geotechnical /Soil Stability Report	<input type="checkbox"/> Tree Preservation Plan
<input type="checkbox"/> Growth Management Report	<input type="checkbox"/> Urban Design Report including Architecture and Streetscape Design
<input type="checkbox"/> Heritage Impact Assessment	<input type="checkbox"/> Wellhead Protection Area - Risk Assessment Report
<input type="checkbox"/> Hydrogeological /Hydrology Study	<input type="checkbox"/> The studies required by Section 4.4.3.7 of this Official Plan
<input type="checkbox"/>	<input type="checkbox"/>

**\*Applicants please note:** In order for the Agreement and Authorizing By-law to be presented to Council, Planning Services must create power point presentations. Upon all **final approval** comments being provided to the applicant, the Town requires updated electronic coloured building elevations as well as a coloured rendering of the final landscape plan. The Agreement and Authorizing By-law will be presented to the Standing Committee and/or Council. Please forward these up-to-date .pdf images to the Town planner assigned to the application and to [bboucher@collingwood.ca](mailto:bboucher@collingwood.ca) following discussions with the planner. Your cooperation is appreciated.

**TO BE COMPLETED BY APPLICANT:**

**Project Name:**

\_\_\_\_\_

Project Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

Legal Description: \_\_\_\_\_

Assessment Roll #: \_\_\_\_\_ PIN (Property Identifier No.): \_\_\_\_\_

Registered Owner & Contact Information (s): \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Communications are to be sent to the:**

Please indicate if you are the Applicant, Consultant, or Project Manager?

\_\_\_\_\_ **A**

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Zoning existing: \_\_\_\_\_ *proposed if applicable:* \_\_\_\_\_

Official Plan existing: \_\_\_\_\_ *proposed if applicable:* \_\_\_\_\_

Site Information: Water – Municipal \_\_\_\_\_ Private (if applicable): \_\_\_\_\_

Sewer – Municipal \_\_\_\_\_ Private (if applicable): \_\_\_\_\_

Proposed  
Uses: \_\_\_\_\_

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/No) Mortgagee: \_\_\_\_\_

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

Who has authority to bind the corporation? (Name and Title) \_\_\_\_\_

Solicitor Contact Information: \_\_\_\_\_

**OWNER'S AUTHORIZATION FOR AGENT**

I/we \_\_\_\_\_ authorize \_\_\_\_\_

to act as our agent(s) for the purpose of this application. \_\_\_\_\_  
(Signature of owner)

DATED at the of: \_\_\_\_\_ of \_\_\_\_\_,  
(City or Town) (Which City or Town)

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**OWNER'S AUTHORIZATION FOR ACCESS**

I/we, \_\_\_\_\_, of the \_\_\_\_\_  
(City or Town)

\_\_\_\_\_ in the \_\_\_\_\_  
(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

**DECLARATION**

1. No works shall be undertaken on the property until the Site Plan Agreement is fully authorized by By-law and Council. Notwithstanding the above, new site works, including filling/grading and the destruction of trees may be advanced subject to permits having been duly issued in accordance with the Fill By-law , as amended No. 03-103 and the By-law to Destroy Trees No. 2012-84;

IN THE MATTER of an application for the development of the lands as described above, I/We have examined the contents of this application and certify as to the correctness of the information submitted, insofar as I have knowledge of these facts.

I, \_\_\_\_\_, of \_\_\_\_\_  
(City or Town)

of \_\_\_\_\_ in the \_\_\_\_\_  
(Which City or Town) (Region or County)

**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 \_\_\_\_\_ of \_\_\_\_\_  
(City or Town) (Which City or Town)

in the \_\_\_\_\_ of \_\_\_\_\_ this \_\_\_\_\_ (Region or County)  
(Which Region or County)

day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Owner/Applicant/Agent

\_\_\_\_\_  
Signature of Commissioner

***At the end of this process, to facilitate the Site Plan Agreement and its distribution to interested parties, Planning Services requires five (5) original signed and executed Site Plan Agreements and five (5) full sets of final approved plans along with final approved electronic plans. These plans are required to form part of the executed Site Plan Agreement and will be signed by the Director of Planning.***

*This application continues on the next page.*

Please forward this application to your consultants to facilitate due-care between development disciplines. *(Please Complete and Submit with Plans)*

	1st Submission Minimum Required	<b>Please Note 2<sup>nd</sup> Submission</b> Unless otherwise requested.	Final Agreement Approved Plans for circulation	Plan Number	Radio Communi- cation	Yes	No
Site Plan #br of Plans	2	2	5		2		
Grading and Drainage Plan	2	2	5				
Site Servicing Plan	2	2	5				
Tree Preservation Plan	3	2	5				
Landscaping Plan and Details	2	2	5				
Building Elevations	2	2	5		2		
Floor Plans	2	2	5				
Storm Water Management Report	3						
Planning Report	2						
Traffic Impact	2						
Environmental Impact Statement	2						
Geotechnical Investigation	2						
Air Quality and Odour Study	2						
Environmental Noise Impact	2						
Phase 1 Site Assessment	2						
Architectural	2						
Heritage Impact Assessment	2						
Survey	2						
Completed Application Form	2				2		
Summary Response To Agency Comments	2						
Appropriate Fee							
Cost Estimates-electronic word							
Coloured Photo Renderings		2					

*This application continues on the next page.*

FILE NO.: D \_\_\_\_\_  
(Municipality Use)

**Contact Information:**

Project Name: \_\_\_\_\_

Registered Owner: \_\_\_\_\_

**Agent:**

Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Solicitor:**

Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Engineer:**

Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Landscape Architect:**

Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Architect:**

Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ 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