



Town of Milton
 150 Mary Street
 Milton, Ontario
 L9T 6Z5

Tel: 905-878-7252
 www.milton.ca

Application for Site Plan Approval

The Town of Milton is dedicated to meeting the needs of our customers. To obtain documents in an alternate format such as Braille, large print, electronic or plain language, contact the Town's Accessibility Coordinator.

PLEASE TYPE CLEARLY ALL INFORMATION

| | | | | |
|--|--|--|---|---|
| OFFICE USE ONLY: Date Received: | | <input type="checkbox"/> Fees Received (Milton) <input type="checkbox"/> Fees Received (Region of Halton) <input type="checkbox"/> Fees Received (Conservation Halton) | | File Number: |
| APPLICANT INFORMATION | | | | |
| Applicant is: <input type="checkbox"/> Land Owner <input type="checkbox"/> Authorized Agent of Land Owner | | | | |
| Last Name | | First Name | | Company Name |
| Street Address | | | | Unit Number |
| Municipality | | Province | Postal Code | Email |
| Telephone Number | | Fax | | Cell Number |
| Applicant's Interest (State whether applicant is owner / prospective owner / lessee) | | | | |
| REGISTERED OWNER INFORMATION | | | | |
| <i>Include Name(s) and Title(s) of those authorized to bind if a Corporation</i> | | | | |
| Last Name | | First Name | | Company Name |
| Street Address | | | | Unit Number |
| Municipality | | Province | Postal Code | Email |
| Telephone Number | | Fax | | Cell Number |
| Primary contact for all future correspondence: <input type="checkbox"/> Owner or <input type="checkbox"/> Applicant | | | | |
| PROPERTY INFORMATION | | | | |
| <i>(To be completed in full or application will be deemed incomplete)</i> | | | | |
| Lot | | Concession | | Geographic Township |
| Registered Plan Number | | Lot/Block | | Reference Plan |
| Current Municipal Address | | | Assessment Roll Number (from Property Tax Bill) | |
| Lot Area (hectares) | | Lot Depth (metres) | | Lot Frontage(s) (metres) |
| EXISTING CONDITIONS OF PROPERTY | | | | |
| Existing Uses: (Note: Describe operations) | | | | |
| Date of Demolition(s) | | | Description | |
| Date of Construction (including addition(s)) | | | Gross Floor Area (GFA) of each building by use: | |
| Water (Municipal / Private) | | Waste Water (Municipal / Private) | | Storm Water (Urban / Rural) |
| <input type="checkbox"/> Existing <input type="checkbox"/> Proposed | | <input type="checkbox"/> Existing <input type="checkbox"/> Proposed | | <input type="checkbox"/> Existing <input type="checkbox"/> Proposed |



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| PROPOSED DEVELOPMENT OF PROPERTY | | |
|---|--|--|
| Brief Description of Proposed Development: <i>(Cover Letter detailing full development proposal required at submission)</i> | | |
| FOR RESIDENTIAL PROPOSALS: | | |
| | Existing | Proposed |
| Dwelling Unit(s) | Units | Units |
| Condominium Development | <input type="checkbox"/> Yes / <input type="checkbox"/> No | <input type="checkbox"/> Yes/ <input type="checkbox"/> No |
| Number of Storeys | Storeys | Storeys |
| Gross Floor Area | m ² | m ² |
| | Permitted | Proposed |
| Building Height (max) | m | m |
| Building Coverage (max) | % | % |
| FOR NON-RESIDENTIAL PROPOSALS: | | |
| | Existing | Proposed |
| Gross Floor Area | m ² | m ² |
| | Permitted | Proposed |
| Building Height (max) | m | m |
| Building Coverage (max) | m ² % | m ² % |
| Landscape Area (min) | m ² % | m ² % |
| Outside Storage | <input type="checkbox"/> Yes / <input type="checkbox"/> No | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Number of Parking Stalls (min) | | |
| Number of Barrier-Free Parking Stalls (min) | | |
| | | |
| Project Name: | | |
| Official Plan Designation: | Zoning Designation: | |
| Current Use of Property: | | |
| Recent/Current Official Plan/Zoning Amendment: | File No.# | Approval Date: |
| Previous Site Plan Application(s) | File No.# | Approval Date: |
| Current Committee of Adjustment Application | File No.# | Approval Date: |
| | | |



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Owner's Authorization

With respect to lands owned by:

(PRINT Owner(s) Name / Corporate signing authority)

known as:

(Legal Description /Municipal Address of Lands)

DECLARE that I/We am the registered owner of the lands described in this application, have examined the contents of this application and hereby certify that the information submitted with the application is correct insofar as I have knowledge of these facts, and I hereby authorize:

_____ of _____
(Name of Agent) (Name of Company)

to act on my/our behalf in this matter. I/We further consent to Town of Milton staff or a representative thereof, to enter upon the subject lands and premises for the purpose of evaluating the merits of this application and subsequently to conduct any inspections and work on the subject lands and structures that may be required as condition of approval and that the Town of Milton be authorized to release municipal property tax information to the applicant/agent named within this agreement, for the specific property location referenced within this application.

I/We also acknowledge that the information requested on this form is collected under the authority of the *Planning Act*, R.S.O. 1990, Chapter P.13, as amended and in the accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act.

(Date)

** (ORIGINAL Signature of Registered Land Owner)*

PRINT NAME

(Date)

** (ORIGINAL Signature of Registered Land Owner)*

PRINT NAME

***NOTE: THIS DOCUMENT WILL NOT BE ACCEPTED AND THE SITE PLAN APPLICATION WILL BE DEEMED INCOMPLETE UNLESS THIS PAGE INCLUDES AN ORIGINAL SIGNATURE OF THE REGISTERED LAND OWNER.**



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Rev. 01/21

SCHEDULE A: SCHEDULE OF ESTIMATED COSTS

The applicant is required to provide an estimate of the cost of construction of site works for the review of Planning and Engineering staff and is to be provided with the following breakdown:

| 1: ON-SITE WORKS | Quantity | Unit | Unit Price | Amount |
|---|-----------------|---------------------|-------------------|---------------|
| Site Preparation | | m ³ | \$ | \$ |
| Grading | | m ³ | \$ | \$ |
| Granular Material | | m ³ | \$ | \$ |
| Curbing | | m ² | \$ | \$ |
| Asphalt paving | | m ² | \$ | \$ |
| Concrete paving / sidewalks | | m ² | \$ | \$ |
| Pedestrian paving (e.g. unit paving) | | m ² | \$ | \$ |
| Garbage Enclosures/ Facilities | | Lump sum | \$ | \$ |
| Fencing - Acoustic | | Linear m | \$ | \$ |
| Fencing - Please specify | | Linear m | \$ | \$ |
| Accessible signage (1 sign per accessible parking space) | | each | \$ | \$ |
| Retaining Walls | | m ² face | \$ | \$ |
| Other - Please specify | | | \$ | \$ |
| Storm Water Management Facilities (including storm sewers, CB's, MH's, etc.) <i>*Note: The Town does not collect securities for water and sanitary lines, since these services are under the jurisdiction of the Region of Halton</i> | | | \$ | \$ |
| SUB-TOTAL SITE WORKS: | | | | \$ |
| 2: OFF-SITE WORKS | Quantity | Unit | Unit Price | Amount |
| Grading | | m ³ | \$ | \$ |
| Granular Material | | m ³ | \$ | \$ |
| Curbing | | m ² | \$ | \$ |
| Sidewalks | | m ² | \$ | \$ |
| Paving | | m ² | \$ | \$ |
| Street Trees | | each | \$ | \$ |
| Traffic signals | | Lump sum | \$ | \$ |
| Road improvements (e.g. turning lanes, access aprons/ culverts) | | Lump sum | \$ | \$ |
| Boulevard restoration | | m ² | \$ | \$ |
| Other - Please specify | | | \$ | \$ |
| Storm sewers, CB's, MH's | | | \$ | \$ |
| SUB-TOTAL OFF-SITE WORKS: | | | | \$ |
| 3: LANDSCAPE WORKS (ON-SITE) | Quantity | Unit | Unit Price | Amount |
| Fine Grading | | m ³ | \$ | \$ |
| Topsoil | | m ³ | \$ | \$ |
| Sodding | | m ² | \$ | \$ |
| Seeding / Hydro-seeding | | m ² | \$ | \$ |
| Plant Material: Deciduous Trees | | each | \$ | \$ |
| Plant Material: Coniferous Trees | | each | \$ | \$ |
| Plant Material: Shrubs | | each | \$ | \$ |
| Plant Material: Perennials, Vines, Groundcovers, Grasses | | each | \$ | \$ |
| Hard landscaping (i.e. concrete seatwalls / armour stone, masonry pillars, etc) | | m ² | \$ | \$ |
| Bicycle parking: Concrete pad and bike rack(s) | | Lump sum | \$ | \$ |
| Site Furnishings: (Benches, trash receptacles) | | Lump sum | \$ | \$ |
| Structures: (Arbours, Gazebos, Trellises) | | each | | |
| Other - Please Specify | | | \$ | \$ |
| SUB-TOTAL LANDSCAPE WORKS: | | | | \$ |
| TOTAL: | | | | \$ |



Planning & Public Works
 Tel: 905-825-6000 Fax: 905-825-8822
 Toll Free: 1-866-4HALTON (1-866-442-5866)
www.halton.ca

Environmental Site-Screening Questionnaire

Legal/Municipal Address _____ Applicant: _____

1. Was the subject property ever used for industrial purposes? yes no uncertain
2. Was the subject property ever used for commercial purposes that may have caused contamination (e.g. gasoline station, dry cleaners, etc.) yes no uncertain
3. Has fill ever been placed on the property? yes no uncertain
4. Is there any reason to believe that the subject property is potentially contaminated based on historic use of the property or a neighbouring lot located within 100m of the property? yes no uncertain
5. Are there or were there ever any above-ground or underground storage tanks or waste disposal activities on the property? yes no uncertain
6. For existing or previous buildings on the property, are there building materials that may be potentially hazardous to human health (i.e. asbestos, lead-based paints, etc.)? yes no uncertain
7. For agricultural properties, were pesticides or herbicides ever applied to the property? yes no uncertain
8. Have any of the buildings on the property been heated by fuel oil? yes no uncertain
9. Is the land use changing to a more sensitive land use (e.g. industrial/commercial to residential/institutional)? yes no uncertain
 Note: Daycare uses are defined in O.Reg.153/04 as institutional.

General Information:

1. Have any environmental documents (e.g. Phase I and II Environmental Site Assessments, Records of Site Condition, etc) ever been prepared for the property? If yes, please submit these documents in digital and hardcopy format with your application together with a letter of reliance granting third party reliance on the documents to the Region of Halton. yes no

Certification

I, _____ am the registered owner of the land that is the subject of this document and to the best of my knowledge, the information provided in this questionnaire is true.

Sworn (or declared) and stamped before me _____
 Commissioner of Oaths (Print Name)

in the _____, this _____ day of _____ 20____
 City/Town/Municipality Day Month Year

 Commissioner of Oaths (Signature)

 Registered Owner (Signature)