



**COUNTY OF BRUCE  
PLANNING & ECONOMIC DEVELOPMENT DEPARTMENT**

**MAJOR REVISION/CHANGE OF CONDITIONS TO A  
DRAFT PLAN OF SUBDIVISION/CONDOMINIUM**

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1. Application forms are available from the County of Bruce Planning and Economic Development Department. The Major Revision/Change of Conditions to a Draft Plan of Subdivision/Condominium procedure will be initiated once the completed application form and necessary supporting material outlined below are received by the Planning Department.

SHOULD YOU HAVE ANY DIFFICULTY FILLING OUT PORTIONS OF THIS APPLICATION, PLEASE CONTACT YOUR LOCAL PLANNING & ECONOMIC DEVELOPMENT DEPARTMENT OFFICE FOR ASSISTANCE.

**YOU ARE ADVISED TO DISCUSS THE PROPOSED CHANGES AND COMPLETED APPLICATION WITH A PLANNER FROM THE PLANNING & ECONOMIC DEVELOPMENT DEPARTMENT PRIOR TO SUBMITTING THE APPLICATION.**

2. The application must be accompanied by:
  - a) a copy of the original 'Draft Conditions of Approval';
  - b) a copy of the 'Draft Approved Plan' which accompanied the 'Draft Conditions of Approval';
  - c) 6 copies of the Revised Plan

Please note that the above information is essential information. Failure to provide this information inhibits an evaluation of the proposal and may result in a delay.

3. For some applications, additional information may be required.
4. A cheque, made payable to "Treasurer, County of Bruce" must be submitted to cover the application fee of \$1110.00.
5. Once an application is received by the Planning Department it is circulated to all relevant agencies, including the Local Municipality. A report is prepared by the Planning Department and presented to the Land Division Committee for its consideration. Under the Planning Act, the Land Division Committee has been given the authority to grant or deny the application for 'change of conditions'. If the Committee grants the 'change of conditions', the changed conditions are subject to a 20 day appeal period.
6. If no other planning approvals (e.g. Zoning By-Law Amendment) are required, an application for Change of Conditions will require approximately two months to process if no objections are received. If an objection is received, an Ontario Municipal Board Hearing may be required.
7. The completed application form and supporting documentation should be returned to:

BRUCE COUNTY PLANNING & ECONOMIC DEVELOPMENT DEPARTMENT  
30 Park Street,  
Box 848, WALKERTON, Ontario. N0G 2V0

Phone: (519) 881-1782  
Fax: (519) 507-3030  
E-mail: bcplwa@brucecounty.on.ca

8. If this application is signed by an applicant or agent on behalf of the owner of the property, the owner's authorization for this action must accompany this application. If the applicant is a corporation acting without agent or solicitor, the application must be signed by an officer of the Corporation and the seal, if applicable, must be affixed. An authorization form is attached to the end of this Application.



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1. Registered Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_
  
2. Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_
  
3. Agent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_
  
4. All communications will be directed only to the **PRIME CONTACT only**.  
Please indicate who this is to be: Owner [ ] Applicant [ ] Agent [ ]
  
5. Location of Property:  
Municipality: \_\_\_\_\_ Former Municipality: \_\_\_\_\_  
Subdivision Draft Plan Approval #41T \_\_\_\_\_  
Condominium Draft Plan Approval #41CD \_\_\_\_\_  
Lot(s)/Part(s) \_\_\_\_\_ Registered Plan/Concession \_\_\_\_\_
  
6. Is there a New/Revised Plan Attached Yes \_\_\_\_\_ No \_\_\_\_\_  
If no New/Revised Plan Attached please provide an explanation:
  
7. Condition(s) to be changed (exactly as worded in the Conditions of Draft Approval):
  
8. New Condition(s) plus explanation of the reasons for the requested change of Condition(s):
  
9. Is this application being submitted in conjunction with any other planning approval application(s) (e.g. Zoning By-law amendment or Minor Variance)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify type of application (and file # if known) \_\_\_\_\_

**QUESTION #10 & #11 MUST BE COMPLETED IN THE PRESENCE OF THE "COMMISSIONER". STAFF IN EACH PLANNING OFFICE ARE AUTHORIZED COMMISSIONERS.**

10. I, \_\_\_\_\_, hereby authorize a site visit(s) be undertaken by, but not limited to staff of the following agencies: County of Bruce Planning Department; Municipality; Conservation Authority; and, Grey-Bruce Health Unit.

11. I, \_\_\_\_\_, of the \_\_\_\_\_ in the \_\_\_\_\_, of \_\_\_\_\_, hereby solemnly declare that the statements made herein are to the best of my belief and knowledge, a true and complete representation of the purpose and intent of this application.

Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Signature of Agent /Applicant: \_\_\_\_\_

DECLARED BEFORE ME AT THE  
\_\_\_\_\_ OF \_\_\_\_\_  
IN THE \_\_\_\_\_ OF \_\_\_\_\_, THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
A COMMISSIONER, ETC.

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**APPENDIX 'A'**  
**CORPORATION OF THE COUNTY OF BRUCE**  
IN THE MATTER OF APPLICATION FOR A MAJOR REVISION/CHANGE OF CONDITIONS TO A  
DRAFT PLAN OF SUBDIVISION/CONDOMINIUM

I, \_\_\_\_\_ being the ( ) Registered Owner(s), ( ) Executor/Executrix, ( ) Signing Corporate Officer(s) for the lands for which application is to be made, hereby authorize and direct \_\_\_\_\_ to act as my agent and on my behalf to apply to the Corporation of the County of Bruce for a Major Change of Conditions for a Plan of Subdivision/Condominium on the lands herein described:

**Location of Property:**

Municipality: \_\_\_\_\_ Former Municipality: \_\_\_\_\_

Subdivision Draft Plan Approval #41T \_\_\_\_\_

Condominium Draft Plan Approval #41CD \_\_\_\_\_

Lot(s)/Part(s) \_\_\_\_\_ Registered Plan/Concession \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**WITNESS**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_