

Town of Aurora

Site Plan Exemption Application Form

Planning and Development Services Development Planning Division

Phone: 905-726-4700 Fax: 905-726-4736 Email: planning@aurora.ca

Site Plan Exemption

This Application Form is available in digital format on the Town's Website under Planning and Development Services or contact planning@aurora.ca via e-mail or by calling 905-726-4700 for a copy. A processing fee in the amount specified on the Fee Calculation Worksheet shall be made payable to **The Town of Aurora (Cheque)**. The fee must be delivered to Planning and Development Services at Town Hall located on the 3rd floor, quoting the address of the proposed development. Please note that this fee is **non-refundable** regardless of the outcome pertaining to this request. Planning Applications will not be accepted unless the full Application fee and required material is received.

The undersigned hereby applies to the Town of Aurora in respect to the lands hereinafter described for Site Plan Exemption.

1. Owner/Applicant/Agent Information

(Please list additional Property Owners on an attached schedule, if applicable)

Registered Owner(s)			
Address			
City	Province	Postal Code	
Telephone	Fax	E-mail	
Applicant(s)(If different than above)			
City	Province	Postal Code	
Telephone	_ Fax	E-mail	
2. Location and Descriptio	n of Property		
Municipal Address (if applicable)			
Legal Description			
Other			



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Size of Property:			
Area	(hectares)	_	(acres)
Frontage	(meters)	_	(feet)
Depth	(meters)	_	(feet)
Existing width of abutting s	treet	(meters)	(feet)
3. Current and Propose	d Land Use		
All lands must be identified accommodate all the requir table.	• •	•	•
Present Use of Property (Also list existing buildings)			
Proposed Use of Property _			
4. Planning Information			a Official Plan / Secondary Plan
Current Zoning			
Is the property currently or			
□ Yes □ No			
If yes, please state the file r	number(s)		



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5. Subject and Surrounding Lands

What are the existing and proposed adjacent surrounding land uses?
North
South
East
West
6. Servicing
Indicate proposed method of servicing:
a) Water Supply Municipal (piped) Private individual or communal well
□ Other - specify
b) Sewage Disposal Municipal (sewers)
□ Private individual system (septic or holding tank)
□ Other – specify
7. Fee Calculation Worksheet
Are the applicable fees attached? \Box Yes \Box No
Is the Fee Calculation Worksheet completed and attached? \Box Yes \Box No
Comment

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Affidavit

I/We		of the Municipality of		
In the Region of				
solemnly declare that all the statements contained in this Application Form are true, and 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 and by virtue of <i>The Canada Evidence Act</i> .				
SWORN before m	ne at the (City/Town)	of(Municipality)		
in the (Region, if	Applicable)	of		
This day	of , 20			
Owner/Agent or A	Applicant			
Commissioner for Taking Affidavits, etc.				

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Authorization of Owner

I/We,			
Hereby authorize (Name of	Agent or person authorized to sign this Application Form)		
respect of the Application	this Application Form, to appear on my/our behalf at any hearing(s) in and to provide any information or material required by the Town in ication Form and I/We hereby authorize the Town to collect such ient.		
Address			
Legal Description			
Signature(s) of Owner(s)			
Name of Corporation			
Name	Title		
Dated this day of	, 20		
Signing Officer Signature a	nd Corporation seals, if applicable		
Per Name of Corporation			
Name	Title		
I/We have the authority to bind the corporation			

Site Plan Exemption

Public Record Notice and Release

Public Record Notice: Pursuant to the section 1.0.1 of the *Planning Act*, R.S.O. 1990, c. P.13, all information and material required in support of your Application will be made available to the public.

I understand and agree that my personal information, as well as any other information and material including, but not limited to, drawings, studies, plans, affidavits, etc., provided on this application form and/or required as part of this application, will be used to create a record that is available to the general public and I do hereby authorize and consent to the release, disclosure, copying and distribution of any such information and/or material to any person or public body.

I also understand and agree that The Corporation of the Town of Aurora (the "Town") is not responsible for protecting and/or enforcing copyrights or any other intellectual property rights that might attach to any information or material provided or submitted as part of this application.

By signing below, I agree to the foregoing and I also agree to release, waive and forever discharge the Town from all actions, claims, demands, losses, costs, damages, suits, proceedings or liabilities whatsoever related to: (a) the collection, handling and release of any information provided on this form and/or required as part of this application; and (b) any copyright or intellectual property rights that might attach to any information or material submitted as part of this application and made available to the public by the Town pursuant to section 1.0.1 of the *Planning Act*.

Signature of Owner	Date	



100 John West Way Aurora, Ontario L4G 6J1 (905) 726-4700 aurora.ca

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Fee Calculation Worksheet

Planning and Development Services

Site Plan Exemption Application

This Form must be completed by Applicant for calculation of fees

Breakdown of Fees			
Calculations		Fee	Total
a) Site Plan Exemption Fee:		\$ 1,223.00	\$
b) Revision Fee for Site Plan Exemption Appli (where the Applicant fails to revise drawing the Town beyond the second submission for changes the plans/proposal)	gs as requested by	\$ 310.00	\$
Total Fee Amount			\$
Paymen	t of Fees		
this application. For the Application file to be complete, the required Application Fee must be paid in full before any processing of the Application will commence. Staff use only			
File Name:	File Number:		
Property Address / Legal Description: General Ledger Number 1-10-1093-56113-000000-000-000-0000 (STPLAN	I)		
Verification of Fees: Indicate Correct Total			\$
Staff Name:	Date:		

January 2026