



TOWN OF NEWMARKET
395 Mulock Drive
P.O. Box 328
Newmarket, ON L3Y 4X7

www.newmarket.ca
info@newmarket.ca
905.895.5193

February 10, 2016

To: Region of York, Planning Department
Region of York, Environmental Services
Heritage Newmarket ✓
Lake Simcoe Region Conservation Authority
Rogers Cable TV
York Region District School Board
York Catholic District School Board
Bell Canada
Bell Canada/Right-of-Way-Call Centre
Newmarket Hydro
Enbridge Consumers Gas
Hydro One Networks Inc.
Health and Social Services
Conseil scolaire de district catholique Centre-Sud
Canada Post
York Regional Police

Re: **Application for Zoning By-Law Amendment**
596, 602, 606 and 610 Grace Street
Southlake Regional Health Centre (SRHC)
File: D14 NP1602 (ZBA)

Please find attached a copy of the above captioned Zoning By-law Amendment application form, survey and site plan. The application proposes to amend the Zoning By-law to permit the development of a 55-space surface parking lot for Southlake Regional Health Centre (SRHC) staff.

Please direct any comments you may have on this proposal to the undersigned by February 26, 2016.

Adrian Cammaert, MCIP, RPP, CNU-A
Senior Planner, Policy

cc: Mayor Tony Van Bynen
R.N. Shelton, Chief Administrative Officer
Dave Kerwin, Councillor Ward 2
Angela Sciberras, MSH

Attachments: Application Form, Survey, Site Plan (additional technical material provided to the Region of York Planning Department and the Lake Simcoe Region Conservation Authority)

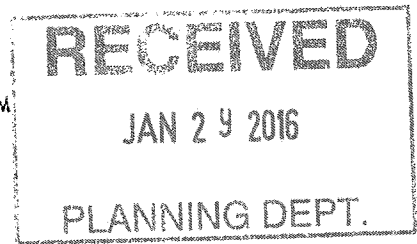


PLANNING & BUILDING SERVICES
Town of Newmarket
395 Mulock Drive
P.O. Box 320, STN Main
Newmarket, ON L3Y 4X7
www.newmarket.ca
planning@newmarket.ca
T: 905.953.5321
F: 905.953.5140

PLANNING APPLICATION FORM USE FOR ALL APPLICATIONS	FOR OFFICE USE
	RECEIVED BY: _____
	DATE RECEIVED: _____
	APPLICATION FEE: _____
	FILE NUMBER: _____

APPLICATION IS SUBMITTED FOR: (Mark all appropriate boxes)

- | | |
|--|--|
| <input type="checkbox"/> OFFICIAL PLAN AMENDMENT | <input type="checkbox"/> DRAFT PLAN OF SUBDIVISION |
| <input checked="" type="checkbox"/> ZONING BYLAW AMENDMENT | <input type="checkbox"/> DRAFT PLAN OF CONDOMINIUM |
| <input type="checkbox"/> SITE PLAN APPROVAL | <input type="checkbox"/> PART LOT CONTROL |
| <input type="checkbox"/> AMENDMENT TO SITE PLAN APPROVAL | <input type="checkbox"/> OTHER: _____ |



REGISTERED OWNER: Southlake Regional Health Centre (SRHC) c/o Peter Green

ADDRESS: 596 Davis Drive CITY: Newmarket

POSTAL CODE: L3Y 2P9 PHONE: 905-895-4521 FAX: _____

E-MAIL ADDRESS: pgreen@southlakeregional.org

PLEASE LIST ADDITIONAL PROPERTY OWNERS ON AN ATTACHED SHEET

BENEFICIAL OWNER: (If applicable)

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

AGENT: (If other than either of the above) Angela Sciberras

ADDRESS: 471 Timothy Street CITY: Newmarket

POSTAL CODE: L3Y 1P9 PHONE: 905-868-8230 FAX: 905-868-8501

E-MAIL ADDRESS: sciberras@mshplan.ca

SEND INVOICES TO: (Mark appropriate boxes)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> OWNER | <input type="checkbox"/> BENEFICIAL OWNER | <input checked="" type="checkbox"/> AGENT |
|---|---|---|

SEND CORRESPONDENCE TO: (Mark appropriate boxes)

- | | | |
|--------------------------------|---|---|
| <input type="checkbox"/> OWNER | <input type="checkbox"/> BENEFICIAL OWNER | <input checked="" type="checkbox"/> AGENT |
|--------------------------------|---|---|

LOCATION AND DESCRIPTION OF PROPERTY

MUNICIPAL ADDRESS: 596, 602, 606 and 610 Grace Street

LOT:

CONCESSION:

LOT: 11, 12, 13 & 14

REGISTERED PLAN: 111

AND/OR

PART:

REFERENCE PLAN (If relevant):

LOT AREA (ha): 0.22

LOT FRONTAGE (m): 60.23

LOT DEPTH (m): 47.55

EXISTING STRUCTURES: (Give height & floor area)

None

PROPOSED STRUCTURES: (Give height & floor area)

None

DOES THE APPLICANT HAVE AN INTEREST IN ANY ADJACENT LANDS? IF YES, PLEASE DESCRIBE:

Subject property is part of the larger Southlake Regional Health Centre
lands including 59 Queen's Lane

LAND USES

PRESENT USE:

Vacant

PROPOSED USE:

Surface Parking Lot

PRESENT OFFICIAL PLAN DESIGNATION:

Transition Area (within the Regional Healthcare Centre on Schedule A)

PROPOSED OFFICIAL PLAN DESIGNATION: (If applicable)

N/A

PRESENT ZONING BYLAW CLASSIFICATION:

TR - Transitional Zone

PROPOSED ZONING BYLAW CLASSIFICATION: (If applicable)

- ☒ Pre-consultation with municipal staff on application - Date: November 10, 2015
- ☒ Indicate whether this application conforms to the Provincial Policy Statements (2005)
- ☒ Indicate whether this application conforms (or does not conflict) with all other Provincial Plans

(Further details may be required in a Planning Justification Report)

PROPOSED TENURE TYPE: (If applicable)

☐ FREEHOLD ☐ CONDOMINIUM ☐ RENTAL

SERVICING

SANITARY SERVICING: ☒ MUNICIPAL ☐ PRIVATE SEPTIC SYSTEM
☐ OTHER: _____

WATER SUPPLY: ☒ MUNICIPAL ☐ PRIVATE WELL
☐ OTHER: _____

DATE OF ACQUISITION OF LAND

596 Grace St (26 April 2006), 602 Grace St (26 April 2006), 606 Grace St (19 May 2000),
BY OWNER: 610 Grace St (26 April 2006)

AND IN THE CASE OF A BENEFICIAL OWNER, ANTICIPATED DATE OF CLOSING:

The personal information on this form is collected under the *Planning Act, R.S.O. 1990, c.P.13*, as amended. The information is used for the purpose of processing your application. If you have any questions about this collection of personal information, please contact the Planning Division, Town of Newmarket, at (905) 953-5321.

DECLARATION

I Angela Sciberras
 of the Town of Newmarket
 in the Region of York

SOLEMNLY DECLARE THAT:

ALL THE WITHIN STATEMENTS AND THE STATEMENTS CONTAINED IN ALL OF THE EXHIBITS TRANSMITTED HERewith, 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 THE CANADA EVIDENCE ACT.

FOR PURPOSES OF THE *MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT*, I AUTHORIZE AND CONSENT TO THE USE BY OR DISCLOSURE TO ANY PERSON OR PUBLIC BODY OF ANY PERSONAL INFORMATION IN THIS APPLICATION THAT IS COLLECTED UNDER THE AUTHORITY OF THE *PLANNING ACT* FOR THE PURPOSE OF PROCESSING YOUR APPLICATION.

Declared before me at the Town of Newmarket
 in the Region of York
 this 29th day of January A.D. 2016

Eileen Jane Card
 A Commissioner, etc.

AS Sciberras
 Signature of Owner, Beneficial Owner or Agent

CERTIFICATE

(TO BE SIGNED BY OWNER, EVEN IF AGENT HAS BEEN APPOINTED)

As of the date of this application, I am the registered owner of the lands described in the application, and I 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 authorize the submission of this application on my behalf by:

(Please Print) AND/OR Angela Sciberras
BENEFICIAL OWNER (If applicable) WHOM I HAVE APPOINTED AS MY AGENT (Please Print)

With the submission of my application, I hereby undertake to not permit the cutting down of any trees or the disturbance of any vegetative cover in any way as it exists on the land which is the subject of this application without the prior written approval of the Town.

I hereby also undertake to not permit the demolition and/or destruction of any building and/or structure in any way as it exists on the land which is the subject of this application without the prior written approval of the Town.

I hereby also undertake to have any sign, which is required to be erected to provide notification of a public meeting, removed within seven days after the public meeting is held.

I hereby acknowledge that the Town or its representatives, and applicable public agencies have permission to access the property for the purposes of reviewing this application.

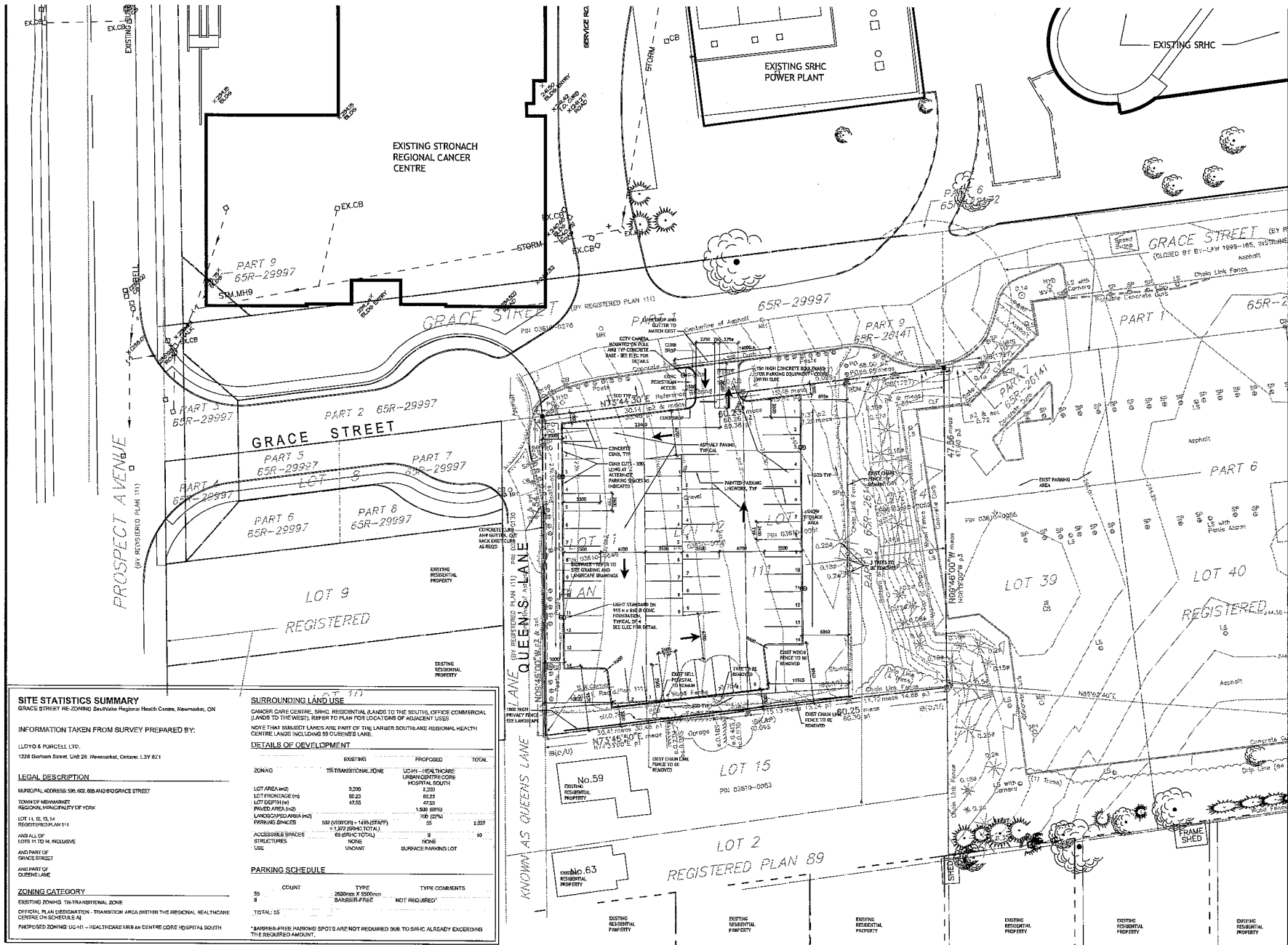
I hereby agree and acknowledge that the information contained in this application and any supporting information, including reports, studies, and drawings, provided with this application by me, my agents, consultants and solicitors, constitutes public information and will become part of the public record. As such, and in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, I hereby consent to the Town of Newmarket making this application and its supporting information available to the general public, including copying, posting on the Town's website and/or releasing a copy of the application and any of its supporting information to any third party upon their request, and as part of a standard distribution of copies of such documentation, I consent to the Town releasing copies of any of the documentation to additional person, including but not limited to members of Council and ratepayers' associations.

DATE: Jan 13/16 SIGNED: Helena Hutton
Signature of Owner

Helena Hutton, Southlake Regional Health Centre

Print Name of Owner

(AFFIX CORPORATE SEAL IF APPLICABLE)



PERKINS + WILL

15 Pender Street
 Toronto, ON
 Canada M5V 1S6
 416.593.8800
 1.800.888.8800
 www.perkinswill.com

GRACE ST. LOT RE-ZONING

Southlake Regional Health Centre

595 Devis Drive
 Newmarket, Ontario L3Y 2P9

In association with:

HHAngus & Associates
 1127 Leslie Street
 Toronto, ON, M6K 2J5

BaseTech Consulting Inc.
 399 Roper Street
 Newmarket, ON, L3Y 1A8

Mark Selter Associates
 219 Lake Shore East
 Newmarket, ON, L3Y 3C3

GENERAL NOTES:

1. REFER TO GRADING PLAN FOR ALL PROPOSED CURB ELEVATIONS.
2. REFER TO LANDSCAPE DRAWINGS FOR PROPOSED PLANTING LAYOUT NOT SHOWN HERE.



Revisions

NO.	ISSUE	DATE

Sheet Information

Date: OCT-2015
 Job Number: 351410.003
 Drawn: JP
 Checked: KS
 Approved: BC
 Title: SITE PLAN

SITE PLAN

Sheet

A04-01