



# Township of Wellington North

P.O. Box 125 • 7490 Sideroad 7 W • Kenilworth • ON • N0G 2E0

## PUBLIC MEETING

Monday, December 6th, 2010 at 8:00 p.m.

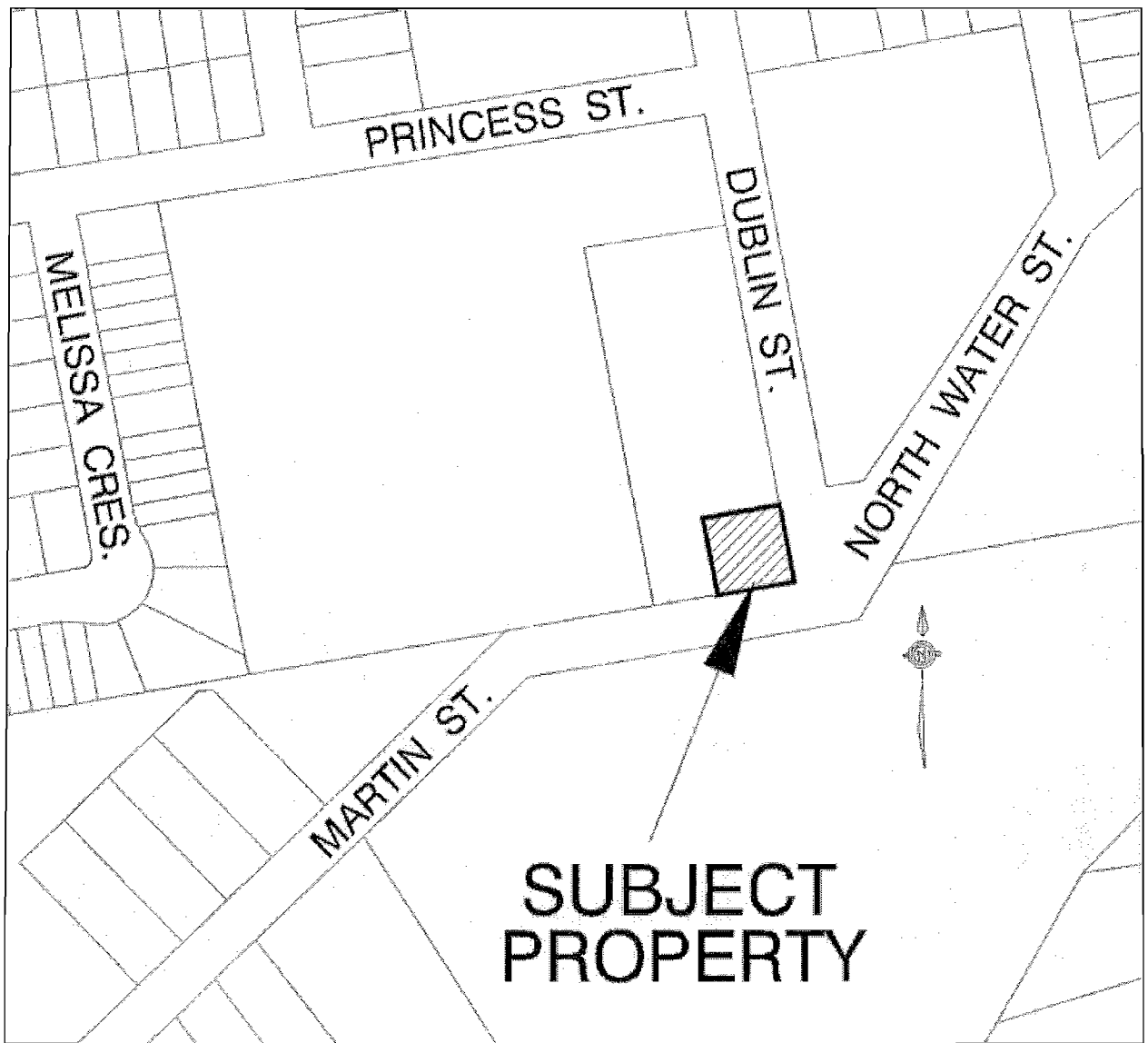
Municipal Office Council Chambers, Kenilworth

## A G E N D A

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| AGENDA ITEM   | PAGE NO.  |
|---|-----------|
| <p>The Mayor will call the meeting to order.</p> <p>Declaration of Pecuniary Interest.</p> <p><b>Owners/Applicant: North Wellington Healthcare Corporation</b></p> <p><b>THE SUBJECT LANDS</b> are located at the corner of Dublin Street and Martin Street and are municipally known as 555 Dublin Street, Mount Forest. The subject lands are shown on the map attached.</p> <p><b>THE PURPOSE AND EFFECT</b> of the amendment is to rezone the site to an appropriate zone in order to permit offices and residential accommodation. The property is currently occupied by a residential dwelling. The applicants are proposing to convert the main floor of the building into hospital administration offices and the second level into a three bedroom residential area to be used for medical students.</p> <p>Please note – Section 34 (12) of the Planning Act.</p> <p>(12) Information. – At a meeting under subsection (12), the council shall ensure that information is made available to the public regarding the power of the Municipal Board under subsection (14.1) to dismiss an appeal if an appellant has not provided the council with oral submissions at a public meeting or written submissions before a By-law is passed.</p> | <p>01</p> |

| <b>AGENDA ITEM</b>  | <b>PAGE NO.</b> |
|---|-----------------|
| 1. Notice for this public meeting was sent to property owners within 120 m and required agencies and posted on the property on November 15th, 2010.                                     |                 |
| 2. Application for Zoning By-law Amendment  | 02              |
| 3. Presentations by:<br><ul style="list-style-type: none"><li>- Mark Van Patter, Senior Planner</li><li>- See attached comments</li></ul>   | 09              |
| 4. Review of Correspondence received by the Township:<br><ul style="list-style-type: none"><li>- Cara Holtby, Environmental Planning Coordinator, SVCA</li><li>- No objection</li></ul> | 14              |
| 5. The by-law will be considered at the regular council meeting following the public meeting. Persons wishing notice of the passing of the By-law must submit a written request.        |                 |
| 6. Mayor opens floor for any questions/comments.  |                 |
| 7. Comments/questions from Council.   |                 |
| 8. Adjournment.   |                 |



**CORPORATION OF THE TOWNSHIP OF WELLINGTON NORTH**

**Application for Zoning By-law Amendment**

Application No. \_\_\_\_\_

**A. THE AMENDMENT**

**1. TYPE OF AMENDMENT?** Site Specific [ ] Other \_\_\_\_\_

**2. WHAT IS THE PURPOSE OF AND REASONS FOR THE PROPOSED AMENDMENT(S)?**

To allow for the use of the existing residential structure as medical student accommodation & Hospital administration space.

**B. GENERAL INFORMATION**

**3. APPLICANT INFORMATION**

a) Registered Owner's Name(s): North Wellington Health Care Corporation  
Address: 630 Dublin St, Mount Forest, Ont N0G 2L3  
Phone: Home ( ) \_\_\_\_\_ Work ( ) 519-323-3333 Fax ( ) 323-2096  
x

b) Applicant (Agent) Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

c) Name, Address, Phone of all persons having any mortgage charge or encumbrance on the property:

d) Send Correspondence To? Owner  Agent [ ] Other [ ] \_\_\_\_\_

e) When did the current owner acquire the subject land? Sept 30, 2008

**4. WHAT AREA DOES THE AMENDMENT COVER?** [ ] the "entire" property  a "portion" of the property (This information should be illustrated on the required drawing under item G of this application.)

5. PROVIDE A DESCRIPTION OF THE "ENTIRE" PROPERTY:

Municipal Address: \_\_\_\_\_

Concession: \_\_\_\_\_ Lot: \_\_\_\_\_ Registered Plan No: \_\_\_\_\_

Area: \_\_\_\_\_ hectares      Depth: \_\_\_\_\_ meters      Frontage (Width): \_\_\_\_\_ meters  
\_\_\_\_\_ acres      \_\_\_\_\_ feet      \_\_\_\_\_ feet

6. PROVIDE A DESCRIPTION OF THE AREA TO BE AMENDED IF ONLY A "PORTION" OF THE PROPERTY:

Area: \_\_\_\_\_ hectares      Depth: \_\_\_\_\_ meters      Frontage (Width): \_\_\_\_\_ meters  
0.252 acres      104.5 feet      105 feet

7. WHAT IS THE CURRENT COUNTY OF WELLINGTON OFFICIAL PLAN DESIGNATION OF THE SUBJECT PROPERTY?

Residential

8. LIST LAND USES THAT ARE PERMITTED BY CURRENT OFFICIAL PLAN DESIGNATION

Residential development - Town house, Apartment, Bed or breakfast, group homes, nursing homes, schools, churches, Medical Clinics, Professional Offices

9. WHAT IS THE CURRENT ZONING OF THE SUBJECT PROPERTY AND WHAT USES ARE PERMITTED?

RZ

C. EXISTING AND PROPOSED LAND USES AND BUILDINGS

10. WHAT IS THE "EXISTING" USE(S) OF THE SUBJECT LAND?

Medical Student Accomodation / Residential

11. HOW LONG HAS THE "EXISTING" USE(S) CONTINUED ON THE SUBJECT LAND?

1 year

12. WHAT IS THE "PROPOSED" USE OF THE SUBJECT LAND?

Medical student accomodation.  
Hospital administration space

13. PROVIDE THE FOLLOWING DETAILS FOR ALL BUILDINGS OR STRUCTURES ON THE SUBJECT LAND:

(Please use a separate page if necessary.)

|   | <u>Existing</u> |               | <u>Proposed</u> |               |
|---|-----------------|---------------|-----------------|---------------|
| a) Type of Building (s) -or Structure (s)       | Brick residence |               |                 |               |
| b) Date of Construction                         | early 1970's    |               |                 |               |
| c) Building Height                              | _____ (m)       | _____ (ft)    | _____ (m)       | _____ (ft)    |
| d) Number of Floors                             | 2               |               |                 |               |
| e) Total Floor Area (sq.m.)                     | _____ (sq m)    | _____ (sq ft) | _____ (sq m)    | _____ (sq ft) |
| f) Ground Floor Area (sq.m.) (exclude basement) | _____ (sq m)    | 1958 (sq ft)  | _____ (sq m)    | _____ (sq ft) |
| g) Distance from building/structure to the:     | _____ (sq m)    | _____ (sq ft) | _____ (sq m)    | _____ (sq ft) |
| Front lot line                                  | _____ (m)       | _____ (ft)    | _____ (m)       | _____ (ft)    |
| Side lot line                                   | _____ (m)       | _____ (ft)    | _____ (m)       | _____ (ft)    |
| Side lot line                                   | _____ (m)       | _____ (ft)    | _____ (m)       | _____ (ft)    |
| Rear lot line                                   | _____ (m)       | _____ (ft)    | _____ (m)       | _____ (ft)    |
| h) % Lot Coverage                               |                 |               |                 |               |
| i) # of Parking Spaces                          |                 |               |                 |               |
| j) # of Loading Spaces                          |                 |               |                 |               |

**D. EXISTING AND PROPOSED SERVICES**

**14. WHAT IS THE ACCESS TO THE SUBJECT PROPERTY?**

Provincial Highway       Continually maintained municipal road       Right-of-way   
 County Road       Seasonally maintained municipal road       Water access

**15. WHAT IS THE NAME OF THE ROAD OR STREET THAT PROVIDES ACCESS TO THE SUBJECT PROPERTY?**

    *Martin St.*    

**16. IF ACCESS IS BY WATER ONLY, PLEASE DESCRIBE THE PARKING AND DOCKING FACILITIES USED OR TO BE USED AND THE APPROXIMATE DISTANCE OF THESE FACILITIES FROM SUBJECT LAND TO THE NEAREST PUBLIC ROAD. (This information should be illustrated on the required drawing under item G of this application.)**

\_\_\_\_\_  
 \_\_\_\_\_

**17. INDICATE THE APPLICABLE WATER SUPPLY AND SEWAGE DISPOSAL:**

|             | Municipal Sewers                    | Communal Sewers          | Private Wells            | Other Water Supply                  | Communal Sewers          | Private Septic           | Other Sewage Disposal    |
|-------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| a) Existing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Proposed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**18. HOW IS THE STORM DRAINAGE PROVIDED?**

Storm Sewers       Ditches       Swales       Other means (explain below)

\_\_\_\_\_  
 \_\_\_\_\_

**E. OTHER RELATED PLANNING APPLICATIONS**

**19. HAS THE CURRENT OWNER (OR ANY PREVIOUS OWNER) MADE APPLICATION FOR ANY OF THE FOLLOWING, EITHER ON OR WITHIN 120 METRES OF THE SUBJECT LAND?**

|                         |         |        |
|-------------------------|---------|--------|
| Official Plan Amendment | Yes ( ) | No (X) |
| Zoning By-law Amendment | Yes ( ) | No (X) |
| Minor Variance          | Yes ( ) | No (X) |
| Plan of Subdivision     | Yes (X) | No (X) |
| Consent (Severance)     | Yes (X) | No ( ) |
| Site Plan Control       | Yes ( ) | No (X) |

**20. IF THE ANSWER TO QUESTION 19 IS YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:**

File No. and Date of Application: \_\_\_\_\_

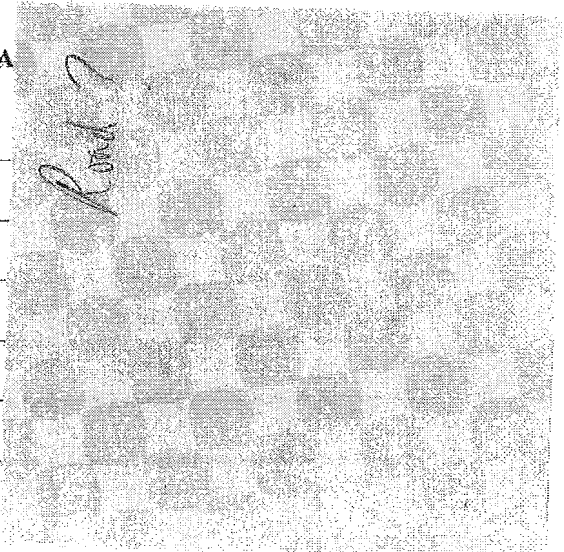
Approval Authority: \_\_\_\_\_

Lands Subject to Application: \_\_\_\_\_

Purpose of Application: \_\_\_\_\_

Status of Application: \_\_\_\_\_

Effect on the Current Application for Amendment: \_\_\_\_\_



**F. OTHER SUPPORTING INFORMATION**

**21. PLEASE LIST THE TITLES OF ANY SUPPORTING DOCUMENTS: (E.G. Environmental Impacts Study, Hydrogeological Report, Traffic Study, Market Area Study, Aggregate License Report, Stormwater Management Report, etc.)**

**G. APPLICATION DRAWING**

**22. PLEASE PROVIDE AN ACCURATE DRAWING OF THE PROPOSAL, PREFERABLY PREPARED BY A QUALIFIED PROFESSIONAL. IN SOME CASES IT MAY BE MORE APPROPRIATE TO SUBMIT ADDITIONAL DRAWINGS AT VARYING SCALES TO BETTER ILLUSTRATE THE PROPOSAL. THE DRAWING MUST INCLUDE THE FOLLOWING:**

- Owners' / applicant's name;
- Legal description of property;
- Boundaries and dimensions of the subject property and its current land use;
- Dimensions of area of amendment (if not, the entire property);
- The size and use of all abutting land;
- All existing and proposed parking and loading areas, driveways and lanes;



- The nature of any easements or restrictive covenants on the property;
- The location of any municipal drains or award drains;
- Woodlots, forested areas, ANSI's, ESA's, wetlands, floodplain, and all natural watercourses (rivers, stream banks, etc);
- The dimensions of all existing and proposed buildings and structures on the subject land and their distance to all lot lines;
- The name, location and width of each abutting public or private road, unopened road allowance or right of way;
- If access to the subject land is by water only, provide the location of the parking and docking facilities to be used; and
- Other features both on site or nearby that in the opinion of the applicant will have an effect on the application (such as bridges, railways, airports, wells, septic systems, springs, slopes, gravel pits).

THE DRAWING SHOULD ALSO INCLUDE THE SCALE, NORTH ARROW AND DATE WHEN THE DRAWING WAS PREPARED.

**H. AUTHORIZATION FOR AGENTS / SOLICITOR TO ACT FOR OWNER:**

(If affidavit (I) is signed by an Agent / Solicitor on Owner's behalf, the Owner's written authorization below must be completed)

I (we) \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_ in the  
 County / Region of \_\_\_\_\_ do hereby authorize \_\_\_\_\_ to  
 Act as my agent in this application.

\_\_\_\_\_  
*Signature of Owner(s)*

\_\_\_\_\_  
*Date*

I. AFFIDAVIT: (This affidavit be signed in the presence of a Commissioner)

I (we) \_\_\_\_\_ of the Township of the Wellington North County / Region of Wellington solemnly declare that all the statements contained in this application are true, and I, (we), 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.

DECLARED before me at the Township of of Wellington North in the County / Region of Wellington this 17<sup>th</sup> day of November, 2010

[Signature]  
Signature of Owner or Authorized Solicitor or Authorized Agent

Nov 17 / 2010  
Date

[Signature]  
**LORRAINE HEINBUCH, CLERK**  
**OF THE CORPORATION OF THE TOWNSHIP**  
**OF WELLINGTON NORTH**  
**COMMISSIONER FOR TAKING AFFIDAVITS.**

Nov. 17, 2010  
Date

APPLICATION AND FEE OF \$ 1500.00 RECEIVED BY MUNICIPALITY

[Signature]  
Signature of Municipal Employee

November 16, 2010  
Date

December 1, 2010

Darren Jones, Chief Building Official  
Township of Wellington North  
P.O. Box 125, 7490 Sideroad 7 W  
Kenilworth, ON N0G 2E0

Dear Mr. Jones:

**RE: Wellington North Health Care Corporation  
Corner of Martin St. and former Dublin St., Mount Forest  
Zoning By-law Amendment**

**PLANNING OPINION**

The applicants wish to use an existing dwelling for hospital administrative offices downstairs and for medical student's residences upstairs. In my opinion, this would be compatible with the immediate neighbourhood and would complement the hospital use to the east. There appears to be ample parking and should not be any negative impacts..

**SUBJECT PROPERTY AND LOCATION**

The subject lands are located at the corner of Dublin Street and Martin Street and are municipally known as 555 Dublin Main Street North, Mount Forest. The parcel is approximately .252 acres in size, with an existing single detached dwelling.

**THE PURPOSE AND EFFECT** of the amendment is to rezone the site to an appropriate zone in order to permit offices and residential accommodation. The applicants are proposing to convert the main floor of the dwelling into hospital administration offices and the second level into a three bedroom residential area to be used for medical students.

**COUNTY OFFICIAL PLAN**

The subject lands are designated as RESIDENTIAL within the Mount Forest URBAN CENTRE in the County of Wellington Official Plan. Section 8.3.3 states "that the predominant use of land in those areas designated residential of the Plan shall be residential development." It further states that "in addition, non-residential uses such as schools, churches, clinics....may also be permitted within the RESIDENTIAL designation subject to the appropriate Zoning By-law regulations. Section 8.310, Non Residential Uses, includes medical clinics and professional offices.

## **WELLINGTON NORTH ZONING BY-LAW**

The property is currently zoned Residential (R2).

### **PLANNING CONSIDERATIONS**

#### **Official Plan Conformity**

Given that the proposed uses are residential and hospital related offices, it is my feeling that the proposal conforms to the official plan.

#### **Neighbourhood Compatibility**

The use directly supports the neighbouring hospital use to the east. Immediately to the north, the medical clinic is located. There are two residential dwellings across Martin St. to the south. As the proposed use is relatively low impact and as the dwellings are some distance away, it is my opinion that the new use will be compatible with the neighbourhood.

#### **Parking**

On my site visit there appeared to be ample parking for the office use and residential use.

### **DRAFT ZONING BY-LAW**

I have attached a draft by-law, which puts the parcel into an Residential Exception zone.

Yours truly,

Mark Van Patter, RPP  
Senior Planner

THE CORPORATION OF THE TOWNSHIP OF WELLINGTON NORTH

BY-LAW NUMBER \_\_\_\_\_.

BEING A BY-LAW TO AMEND ZONING BY-LAW NUMBER 66-01  
BEING THE ZONING BY-LAW FOR THE TOWNSHIP OF WELLINGTON NORTH

WHEREAS, the Council of the Corporation of the Township of Wellington North deems it necessary to amend By-law Number 66-01;

NOW THEREFORE the Council of the Corporation of the Township of Wellington North enacts as follows:

1. THAT Schedule "A" Map 3 – Mount Forest - to By-law 66-01 being the Zoning By-law for the Township of Wellington North is amended by changing the zoning on a portion of land located at the northwest corner of Dublin and Martin Streets, as is shown on Schedule "A" attached to and forming part of this By-law, from **"From Residential R2 to Residential Exception (R2-46).**
2. THAT Section 32, Exception Zone 2 – Mount Forest, is amended by the inclusion of the following new exception:

|              |  |  |
|--------------|--|--|
| <b>32.46</b> | <b>R2-46</b>   | Notwithstanding Section 12.1, Residential R2, the existing, single detached dwelling may be used for hospital administration offices. The upper floor may be used as an accessory residence. The zone shall be subject to the regulations of Section 12.2.1. |
|              | <b>Northwest Corner<br/>Dublin &amp; Martin Sts.</b> |  |
3. THAT except as amended by this By-law, the land as shown on the attached Schedule 'A' shall be subject to all applicable regulations of Zoning By-law 66-01, as amended.
4. THAT this By-law Amendment shall come into effect upon the final passing thereof pursuant to Section 34(21) and Section 34(22) of The Planning Act, R.S.O., 1990, as amended, or where applicable, pursuant to Sections 34(30) and (31) of the Planning Act, R.S.O., 1990, as amended.

READ A FIRST AND SECOND TIME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2010.

READ A THIRD TIME AND PASSED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2010.

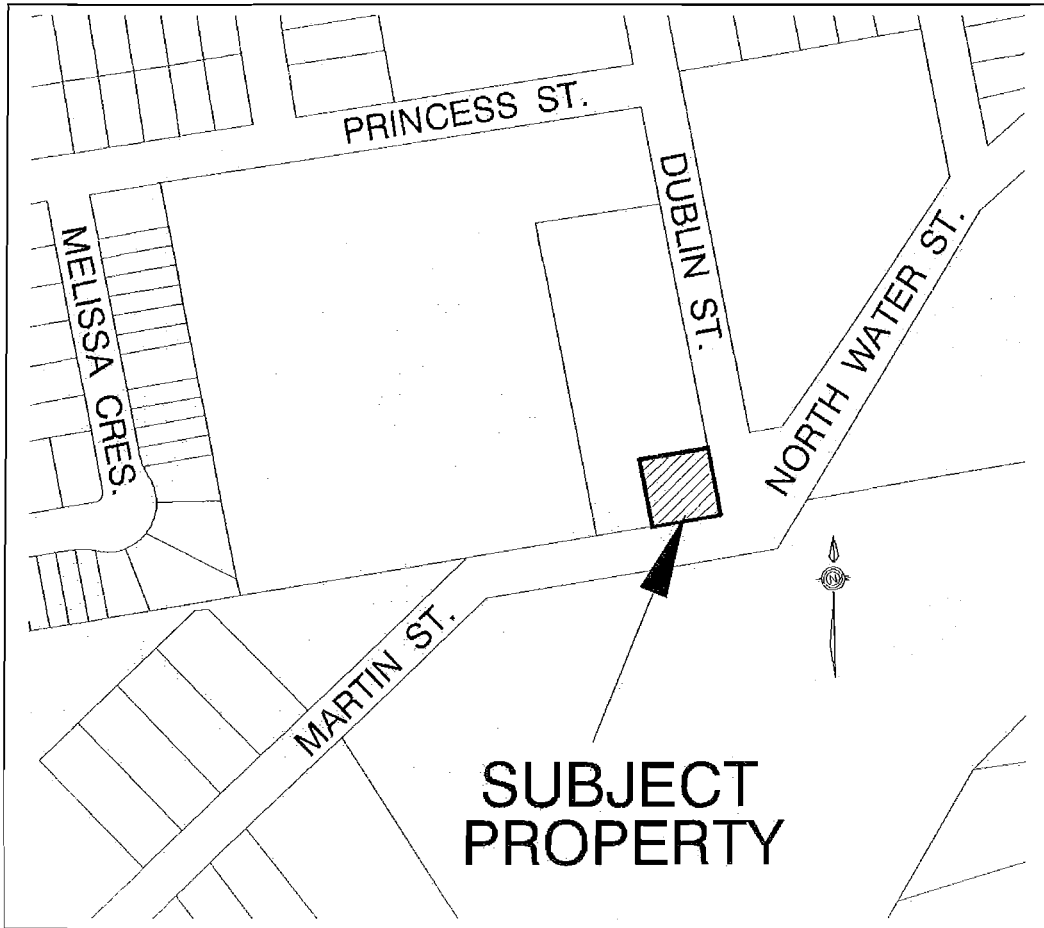
\_\_\_\_\_  
MAYOR

\_\_\_\_\_  
CLERK

THE TOWNSHIP OF WELLINGTON NORTH

BY-LAW NO. \_\_\_\_\_

Schedule "A"



Rezone from Residential R2 to Residential Exception (R2-46)

This is Schedule "A" to By-law \_\_\_\_\_.

Passed this \_\_\_\_ day of \_\_\_\_\_ 2010

\_\_\_\_\_  
MAYOR

\_\_\_\_\_  
CLERK

**EXPLANATORY NOTE**

**BY-LAW NUMBER \_\_\_\_\_.**

**THE SUBJECT LANDS** are located at the corner of Dublin Street and Martin Street and are municipally known as 555 Dublin Main Street North, Mount Forest.

**THE PURPOSE AND EFFECT** of the amendment is to rezone the site to Residential Exception (R2-46), in order to convert the main floor of the existing dwelling into hospital administration offices and the second level into a three bedroom residential area, to be used for medical students. The property is immediately southwest of the hospital.

November 24, 2010

RECEIVED

NOV 23 2010

TWP. OF WELLINGTON NORTH



261123 Grey Rd. 28  
Municipality of West Grey  
(former Normanby Twp.)

Mailing Address:  
R.R. 1, Hanover, ON  
Canada N4N 3B8

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Fax 519-364-6990  
www.svca.on.ca  
publicinfo@svca.on.ca

Township of Wellington North  
7490 Sideroad 7 West  
P.O. Box 125  
Kenilworth, ON  
N0G 2E0

ATTENTION: Darren Jones – Building/Zoning Dept.

Dear Mr. Jones:

RE: Application for Zoning By-law Amendment  
555 Dublin Street  
Geographic Town of Mount Forest  
Township of Wellington North

The Saugeen Valley Conservation Authority has reviewed the above noted application in accordance with the SVCA's mandate and policies. The SVCA has no objection to the approval of the application to convert the main floor of the existing dwelling into hospital administration offices and the second level into a three bedroom residential area.

There are no natural heritage features or natural hazards affecting the property.

We trust these comments are helpful. Should you have any questions, please do not hesitate to contact this office.

Yours sincerely,

Cara Holtby  
Environmental Planning Coordinator

CH/

cc: Mark McKenzie, SVCA Director (via email)

Conservation  
Through  
*Cooperation*

A MEMBER OF



Conservation  
ONTARIO  
Natural Champions