#### ZONING INFORMATION ZONE DESIGNATION PERMITTED PROVIDED LOT AREA (sq m) 420.00 429.00 LOT FRONTAGE (m) 14.300 14.300 FRONT YARD SETBACK TO DWELLING (m) 4.50 6.91 FRONT YARD SETBACK TO GARAGE (m) 6.00 ONE INTERIOR SIDE YARD SETBACK (m) 1.20 1.25 OTHER INTERIOR SIDE YARD SETBACK (m) 1.20 1.26 REAR YARD SETBACK (m) 6.00 8.05 LOT COVERAGE (%) 40.00 39.52 BUILDING HEIGHT (m) 10.00 8.38 LANDSCAPED OPEN SPACE (%) 51.61 FRONT YARD LANDSCAPED OPEN SPACE (%) 60.83

| STRUCTURE                                    |       |                 |  |  |  |
|----------------------------------------------|-------|-----------------|--|--|--|
| MODEL NO.                                    |       | CARLYLE 3080A   |  |  |  |
| HOUSE STYLE<br>(i.e. walkout, bungalow etc.) |       | 2 STOREY        |  |  |  |
|                                              | EAST  | KAHSHE 3000A    |  |  |  |
| ADJACENT MODEL                               | WEST  | NIPISSING 3210B |  |  |  |
| ADJACENT WODEL                               | NORTH | NIPISSING 3210B |  |  |  |
|                                              | SOUTH | n/a             |  |  |  |
| FIREBREAK LOT                                |       | YES             |  |  |  |
|                                              |       |                 |  |  |  |

### **LEGEND**

SINGLE CATCHBASIN DOUBLE CATCHBASIN

SANITARY MH

STORM MH 0 SANITARY SERVICE CONNECTION

---- STORM SERVICE CONNECTION WATER SERVICE CONNECTION

FLOW DIRECTION ROOF DRAIN

\* ENGINEERED FILL

000.00 EXISTING ELEVATION 000.00 PROPOSED ELEVATION

FFF FINISHED 1ST FLOOR

TW TOP OF FOUNDATION WALL FS FINISHED SLAB

USF U/S FOOTING REAR U/S FOOTING RUSE

TOP OF GARAGE FOUNDATION WALL

USFG U/S FOOTING GARAGE

SP SUMP PUMP VALVE AND BOX

HYDRANT AND VALVE

BELL PEDESTAL

Δ CABLE PEDESTAL

UNDERGROUND PEDESTAL

HYDRO TRANSFORMER

STREETLIGHT STREETLIGHT PEDESTAL

HYDRO SERVICE CONNECTION MB SUPER MAILBOX

1234 MUNICIPAL ADDRESS SLOPE 3:1 MAXIMUM

FOOTINGS LOWERED TO MAINTAIN 1.22m FROST PROTECTION

## **GENERAL NOTES**

ALL SLOPES TO BE 3:1 MAX

THE BUILDER SHALL BE RESPONSIBLE FOR THE VERIFICATION OF HOUSE TYPE AND ELEVATION, PRIOR TO COMMENCEMENT OF CONSTRUCTION

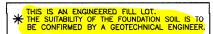
### **BENCHMARK**

**ELEVATION: 286.399** 

ELEVATION IS BASED ON BENCHMARK No. 0011931U463S HAVING AN ELEVATION OF 286.399 METRES. LOCATION: TOWNSHIP OF CHURCHILL UNITED CHURCH, TABLET IN NORTH STONE FOUNDATION WALL OF TOWER, 23cm FROM NORTHWEST CORNER AND 1.62m BELOW BRICKWORK.

#### SERVICING CHECK BOX

| 02.11.0.110 07.120.11 07.1      |            |             |              |                      |        |  |  |  |
|---------------------------------|------------|-------------|--------------|----------------------|--------|--|--|--|
| WATER SERVICE AT P/L SANITARY S |            | SANITARY SE | RVICE AT P/L | STORM SERVICE AT P/L |        |  |  |  |
| DEPTH                           | INVERT     | DEPTH       | INVERT       | DEPTH                | INVERT |  |  |  |
| Min 1.70                        | Min 239.34 | 2.99        | 238.09       | 2.69                 | 238.39 |  |  |  |



THE UNDERSIGNED HAS REVIEWED AND TAKES RESPONSIBILITY FOR THE ARCHITECTURAL PORTION OF THIS PLAN AND HAS THE QUALIFICATIONS AND MEETS THE REQUIREMENTS SET OUT IN THE ONTARIO BUILDING CODE TO BE A DESIGNER. QUALIFICATION INFORMATION

B: LEO ARIEMMA 7561 SIGNATURE LICENCE NUMBER NAME



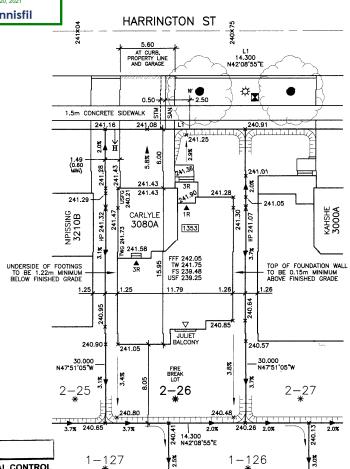


14.3 m

47 foot

LOT

Town of Innisfil Lot Grading & Zoning Approval ipenfold May 20, 2021 nnisfil 🚧



**ARCHITECTURAL CONTROL** MARTIN Approved

Anproved as Noted

ASSOC, A

| OFESSIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                              |          |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------|----------|---------|
| PROFESSIONAL SILENAL S |     |                              |          |         |
| K.P. PAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                              |          |         |
| 100503842                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1   | REVISED PER IBI GROUP REVIEW | AP 24 21 | TP      |
| (27-APR-2021)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -   | ISSUED                       | AP 16 21 | TP      |
| SO ME OF OWNERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO. | REVISIONS                    | DATE     | INITIAL |
| - CE OF O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |                              |          |         |

# **ARCHITECTURAL** DESIGN INC.



56 PENNSYLVANIA AVE. UNIT 1 CONCORD, ONTARIO L4K 3V9

TEL 905 660-9393 FAX 905 660-9419 adcı@bellnet.ca

ALL DRAWINGS AND SPECIFICATIONS ARE THE PROPERTY OF THE ARCHITECT AND CANNOT BE USED OR REPRODUCED WITHOUT HIS APPROVAL

THE PROPOSED LOT GRADING IS APPROVED AS BEING IN GENERAL CONFORMITY WITH THE OVERALL APPROVED GRADING PLAN FOR THIS SUBDIVISION.

COMPANY NAME: IBI Group

APPROVED BY: Kishan Pai Kishan Pai SIGNATURE:

27-APR-2021

HARRINGTON STREET LOT 26, PLAN 51M-1088 PHASE 2, STAGE BELLAIRE PROPERTIES INC. PARCEL P1 - LEFROY TOWN OF INNISFIL

SCALE: 1:250 DATE: APR 2021 DRAWN: DESIGNED: T.P.

DRAWING No: A-1



THE CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS ON THE SITE AND REPORT ANY DISCREPANCIES TO THE ARCHITECT DRAWINGS MUST NOT BE SCALED