



APPLICATION FOR REMOVAL OF PART LOT CONTROL

Under Section 50 of the *Planning Act*, R.S.O. 1990

NOTE: This application consists of Part A and Part B. the undersigned applies to the Township of South Glengarry to Remove Part Lot Control. To avoid delays, the information supplied on both parts must be complete and accurate. Please print.

PART A

1. Names:

Registered Owner _____

Address _____

_____ Postal Code _____

Telephone: Home _____ Business _____

Agent _____

Address _____

_____ Postal Code _____

Telephone: Home _____ Business _____

(if applicable)

2. All correspondence should be sent to (please mark one only)

Owner Agent

3. Location of Property:

Municipality _____ Lot(s) _____ Conc(s) _____

Registered Plan Number _____ Lot(s) _____

Reference Plan Number _____ Part(s) _____ Parcel # _____

4. Description of Land:

Frontage _____ Depth _____ Area _____

5. Interests and Encumbrances:

Are there any existing easements, rights-of-way, restrictive covenants affecting the subject lands? If yes, please describe:

6. Current Planning Status:

a. Present zoning on the property?

b. What is the Official Plan designation of the property?

7. Why is the removal of part lot control being requested?

8. Types of Servicing:

a. Water Supply

Publicly owned and maintained piped water system

Private Well

Other (specify source i.e. lake)

b. Sewage Disposal

Publicly owned and maintained sanitary sewage system

Septic Tank and Tiled Bed

Other (specify)

c. Road Access

Public Road maintained by: Local Road Department Counties

Private Road

Water access only (identify nearest public access)

Other _____

PART B

Please include 2 copies of a registered plan or plan of survey which illustrates the existing lots and/or blocks to which this application applies. A digital copy of said plans must also be submitted

PART C

Authorization: If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the applicant is authorized to make this application on their behalf must be included with this form or alternatively the authorization, as set below, must be completed by the Registered Owner(s):

I/We, _____, being the Registered Owner(s) of the land(s) that are the subject of this Application for Removal of Part Lot Control, hereby authorize _____, to prepare and submit this application on my/our behalf and for the purpose of the Municipal Freedom of Information and Protection of Privacy Act to provide any of my personal information that will be included in this application or collected during the processing of the application.

Date

Signature of Registered Owner(s)

Signature of Registered Owner(s)

Affidavit/Sworn Declaration: This must be completed by the Applicant(s) for the proposed Zoning By-Law Amendment:

I/We, _____, of the
Name of the Registered Owner(s)/Applicant/Authorized Agent

_____, in the _____
Name of City, Town, Township, etc. County, Region, district, Municipality

do solemnly declare that all the statements contained in this Application for Removal of Part Lot Control for the purpose of the Municipal Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Planning Act for the purposes of processing this application

Sworn (or Declared) before me:

At the _____
in the _____
this ____ day of _____, _____

Signature Registered
Owner(s)/Applicant/Authorized Agent

A Commissioner of Oaths

Signature Registered
Owner(s)/Applicant/Authorized Agent

Received by: _____

Date: _____

Application for Removal of Holding File #
