



Town of Fort Erie

APPLICATION TO REMOVE PART LOT CONTROL

Under Subsection 7, Section 50 of the Planning Act R.S.O, 1990, c.P.13, as amended and other applicable legislation

INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE ONTARIO PLANNING ACT AND WILL BE USED BY THE TOWN OF FORT ERIE IN THE PROCESSING OF THIS APPLICATION. THE INFORMATION AS WELL AS SUPPORTING STUDIES AND REPORTS MAY BE USED BY OTHER DEPARTMENTS AND AGENCIES FOR THE PURPOSE OF ASSESSING THE PROPOSAL AND PREPARING COMMENTS. THIS INFORMATION MAY ALSO BE RELEASED TO THE PUBLIC

**Planning and Development Services
The Corporation of the Town of Fort Erie
1 Municipal Centre Drive
Fort Erie, Ontario L2A 2S6**

FOR OFFICE USE ONLY

Reviewed for completeness by: _____

Date Deemed Complete: _____

Application Fee Received: yes no

Receipt #: _____

“Date Received”

APPLICANTS SUBMIT THE FOLLOWING WITH THE REMOVAL FOR PART LOT CONTROL APPLICATION. PLEASE CHECK ALL APPLICABLE BOXES AND SUBMIT WITH YOUR APPLICATION. KEEP COPIES FOR YOUR RECORDS.

SUBMISSION REQUIREMENTS:

- Three **(3)** copies of the reference plan respecting this application.
- One **(1)** copy of the subject property's registered deed showing an instrument number and date of registration.
- Authorization to Act on Behalf of the Owner (if applicable)
- One **(1)** completed application form

APPLICATION FEES:

- | | |
|--|-----------------|
| <input type="checkbox"/> Removal of Part Lot Control Fee | \$828.00 |
|--|-----------------|

NOTE: APPLICANTS SHOULD REVIEW THIS APPLICATION WITH THE PLANNING DEPARTMENT BEFORE SUBMITTING

SECTION 1 - APPLICANT/OWNER INFORMATION

Name of Applicant: _____

Address: _____

Town/City: _____

Postal/Zip Code : _____

Telephone No.: _____ Fax No.: _____

Email: _____

Owners Signature: _____ Date: _____

Name of Owner(s) (if different from the applicant): _____

Address: _____

Town/City: _____ Postal/Zip Code : _____

Telephone No.: _____ Fax No.: _____

Email: _____

Main Point of Contact _____ **Company** _____

(this will be the person that will handle the file and liaise with the Town)

Address: _____

Town/City: _____

Postal/Zip Code : _____

Telephone No.: _____ Fax No.: _____

Email: _____

Please check if property owner should also be copied on all communication initial _____

SECTION 2 - PROPERTY INFORMATION

PROPERTY LOCATION AND DESCRIPTION:

Municipal Address: _____

Legal description of the lands to be de-registered. (Lot & Registered Plan): _____

LOT NO (S): _____ PLAN NO: _____

SECTION 3 - EXISTING USES

Existing Use of Lands: _____

SECTION 4 - PROPOSED USE

Proposed Use of Lands: _____

SECTION 5 - APPLICATION DETAILS

Reason for request to remove Part-Lot Control: _____

If the reason for the request to remove Part-Lot Control is associated with a real estate transaction, please state the date when the real estate transaction will be completed: _____

When will the ownership transfer? _____

THE FOLLOWING DECLARATION MUST BE SIGNED BY THE APPLICANT OR AGENT IN THE PRESENCE OF A COMMISSIONER FOR THE TAKING OF AFFIDAVITS

I, _____
(Name of Applicant or Authorized Agent)

of the _____
(Town, City or Township)

in the _____
(Region, County or District)

solemnly declare that all the statements contained in this application 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 by virtue of THE CANADA EVIDENCE ACT.

Dated at the: _____
(Town, City or Township)

in the _____
(Region, County or District)

this _____ day of _____ 20__

Signature of Applicant or Authorized Agent

COMMISSIONER:

Declared before me at: _____
(Town, City or Township)

in the _____
(Region, County or District)

this _____ day of _____ 20__

A Commissioner, etc.

COMMISSIONER'S STAMP

AUTHORIZATION TO ACT ON BEHALF OF THE OWNER

AUTHORIZATION:

(Must be filled in if Applicant and/or Agent is not the registered Owner of the lands)

I/We, _____ being the registered owner(s) of the
(name(s) of owners)

lands subject of this application hereby authorize _____
(Name of Person)

of the Town/City of _____
(Town, City or Township)

in the Regional Municipality of _____
(Region, County or District)

to make application on my/our behalf to the Town of Fort Erie for Part-Lot Control in accordance with Subsection 7, Section 50 of The Planning Act of Ontario, R.S.O. 1990, c.P. 13 as amended.

Dated at the Town/City of _____
(Town, City or Township)

in the Regional Municipality of _____
(Region, County or District)

this _____ day of _____ 20__

Owner Signature

Witness

OwnerSignature

Witness



NOTE: IF THE REGISTERED OWNER IS A CORPORATION, THE CORPORATE SEAL MUST BE AFFIXED TO THIS FORM IN ADDITION TO THE SIGNATURE OF AUTHORIZED SIGNING OFFICERS.