



Township of North Frontenac



6648 Road 506, Plevna, Ontario K0H 2M0
Tel: (613) 479-2231 or 1-800-234-3953, Fax: (613) 479-2352
Email: clerkplanning@northfrontenac.ca

APPLICATION FOR CONSENT COMMITTEE OF ADJUSTMENT

1. Applicant Information

Name of Applicant/Owners
(All parties listed on the Deed):

Address:

Street Address Apartment/Unit #

City Postal Code

Phone:

Email:

Name of Authorized Agent
(if different from Applicant):

Address:

Street Address Apartment/Unit #

City Postal Code

Phone:

Email:

Please specify to whom all communications should be sent to: Agent Owner

2. Location of the Subject Lands (Copy of Deed/Transfer Required)

Legal Description
(Lot, Concession, Registered
Plan)

Geographic or Former Township

Reference Plan:

Part Number(s):

911 Municipal Number

Road/Lane/Highway:

Assessment Roll Number

1042 -

3. Purpose of the Application

3.1 Type of proposed transaction: (Check appropriate box)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Creation of a new lot | <input type="checkbox"/> Right of Way | <input type="checkbox"/> Validation of Title |
| <input type="checkbox"/> Addition to a lot | <input type="checkbox"/> Easement | <input type="checkbox"/> Mortgage/Charge |
| <input type="checkbox"/> Other purposes (please specify) | | |

3.2 Name of person(s), if known to whom land or interest in land to be transferred or charged:

3.3 If a lot addition, identify/describe the lands to which the parcel will be added to (also illustrate on the required sketch).

Legal Description
(Lot, Concession, Registered Plan) _____

Geographic or Former Township _____

Reference Plan: _____ Part Number(s): _____

911 Municipal Number _____ Road/Lane/Highway: _____

Assessment Roll Number _____

4. Description of Subject Land and Servicing Information

Description land intended to be severed	Description land intended to be retained
Frontage _____	Frontage _____
Depth _____	Depth _____
Area _____	Area _____
Existing Use(s) _____	Existing Use(s) _____
Proposed Use(s) _____	Proposed Use(s) _____
Existing Building(s) or Structure(s) _____	Existing Building(s) or Structure(s) _____
Proposed Building(s) or Structure(s) _____	Proposed Building(s) or Structure(s) _____

Description land intended to be severed

Description land intended to be retained

Type of Access

Type of Access

- Right-of-Way
- Provincial Highway
- Water Access
- Township Road Maintained Year-Round
- Township Road Maintained Seasonally
- Other Public Road

- Right-of-Way
- Provincial Highway
- Water Access
- Township Road Maintained Year-Round
- Township Road Maintained Seasonally
- Other Public Road

If **Water Access**, describe the parking and docking facilities and the distance of these facilities from the subject land and nearest public road

If located on a Township road, is there an existing Township approved entrance to the proposed severed lot? YES NO

If **NO**, please indicate on the sketch the location of proposed entrance for Public Works Manager's Inspection purposes.

4.1 Restrictions/Easements (provide a copy of the document)

Are there any easements, agreements or restrictive covenants affecting the subject land?

YES NO

If **YES**, please describe type and its effect

4.2 Waterfront Information

Are the subject lands located on water? YES NO

If **YES**, what is the name of the body of water: _____

Does the applicant own the 66' shoreline allowance abutting subject land? YES NO

4.3 Type of Water Supply Existing or Proposed (check appropriate box)

Severed

- Privately owned and operated Individual Well
 - Dug Drilled
- Lake or other body of water
- Other (i.e. Communal Well)

Describe other _____

Retained

- Privately owned and operated Individual Well
 - Dug Drilled
- Lake or other body of water
- Other (i.e. Communal Well)

Describe other _____

4.4 Type of Sewage Disposal Existing or Proposed (check appropriate box)

Severed

- Privately owned and operated individual septic system
- Pit Privy (Outhouse)
- Other (i.e. Communal Septic System)

Describe other _____

Retained

- Privately owned and operated individual septic system
- Pit Privy (Outhouse)
- Other (i.e. Communal Septic System)

Describe other _____

5. Land Use

What is the existing Official Plan designation of the subject lands? _____

What is the existing Zoning designation for the subject lands? _____

Please Respond to each use or feature:

Use or Feature	On The Subject Lands (Yes or No)	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Agriculture Operation (including a livestock facility or stock yard)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Waste Site	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Wetlands, Marsh or Creek	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Flood Plain	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mine Site (non-operating or active)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mineral Aggregate (Pit or Quarry)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Industrial or Commercial Use	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Former Industrial or Commercial Use	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Underground Storage Tank or Buried Waste	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Environmental Site Assessment (within the last 5 years) If yes, please submit with Application	<input type="checkbox"/> YES	<input type="checkbox"/> NO

6. History of Property

6.1 Has the subject land ever been the subject of an application for approval of a plan of subdivision or a consent the Planning Act? **YES** **NO** **UNKNOWN**

If **YES** and if **known**, provide file number of the application and the Decision made on the application.

File Number _____

Decision _____

6.2 Has any land been severed from the parcel originally acquired by the current owner of the subject land?

YES **NO** **UNKNOWN**

If **YES** and if **known**, indicate previous consents on the required sketch and supply the following information for each lot severed.

Date of transfer _____

Name of transferee _____

Land use of parcel _____

6.3 Did the current owner acquire the subject land as a result of a consent (i.e. was a lot severed and transferred to the current Owner)? **YES** **NO** **UNKNOWN**

6.4 Is the subject land currently the subject of any other Application under the Planning Act such as an Official Plan Amendment, Zoning By-law Amendment, Minor Variance or Plan of Subdivision?

YES **NO**

If **YES**, specify the following

Type of Application _____

File Number _____

Status of Application _____

7. Other Information

Is there any other information that you think may be useful to the Committee of Adjustment or other agencies in reviewing this application? If so, explain below or attach a separate sheet as necessary.

8. Required Sketch

Please Note: Please indicate on the sketch where the Land-marking card is Posted and Survey Tape on the 4 corners of the subject land. **All measurements must be in Metric.**

Please ensure the sketch contains all of the information requested in the sketch checklist.



9. Notes

1. All applications will be circulated to every property owner and/or tenant who owns or resides on property within 60 meters (200 feet) of the subject land.
2. Agents, employees and or contractors will enter onto the subject lands for the purpose of assessing and inspecting the subject lands with respect to the consent application.

10. Affidavit or Sworn Declaration
(To be signed by all parties on the Deed or the Authorized Agent)

Declaration for the prescribed information:

I/We _____ of the _____ in the _____ do solemnly declare that the information contained in this application is true and that the information contained in the documents that accompany this application is true, and acknowledge that personal information and all other material collected on this form and provided to the municipality as part of this application, including all names, addresses, opinions and comments, is collected under the authority of the Planning Act, R.S.O. 1990, as amended, will be used to assist in making a decision on this matter and will be made available for public disclosure. Please be aware the information collected in this Application will be provided in the applicable Agenda and posted on the Township's website.

Sworn (or declared) before me at the _____ in the _____ this _____ day of _____ 20_____.

Commissioner of Oaths
(include stamp below)

Signature of Owner

Signature of Owner

Note: Do not sign until in the presence of the Commissioner of Oaths. You will be required to provide photo identification (i.e. driver's license).

11. Authorization

If the Owner/Applicant wishes to appoint an Authorized Agent to act on his/her behalf for this Planning Application process, written authorization of this appointment must be noted below by each party listed on the Deed, and signed before a Commissioner of Oaths.

I/We _____ being the registered owners(s) of the lands subject of this application for consent hereby authorize _____ to prepare and submit this application on my/our behalf and, for the purposes of the Freedom and Information and protection of Privacy Act, to provide any of my/our personal information that will be included in this application or collected during the process of the application.

Date _____

Signature of Owner

Signature of Owner

Sworn (or declared) before me at the _____ in the _____ this _____ day of _____ 20_____.

Commissioner of Oaths
(include stamp below)

Signature of Owner

Signature of Owner

12. Solicitor Information

Name of Solicitor/Firm:

Mailing Address:

Telephone Number: _____ Fax Number: _____

Email Address: _____

