APPLICATION FOR PART LOT CONTROL

DATE OF APPLICATION: _____ FILE #: _____

A) APPLICATION INFORMATION

1. Name of Owner: _____

   Mailing Address: _____
   NUMBER & STREET CITY/TOWN/VILLAGE POSTAL CODE

   Telephone #: _____ _____ _____
   HOME OFFICE OTHER

   Email: _____

2. Name of Applicant (agent):

   Mailing Address: _____
   NUMBER & STREET CITY/TOWN/VILLAGE POSTAL CODE

   Telephone #: _____ _____ _____
   HOME OFFICE OTHER

   Email: _____

B) PROPERTY INFORMATION

3. Municipal Address: _____
   NUMBER & STREET CITY/TOWN/VILLAGE POSTAL CODE

   Legal Description:

   LOT:_____ CONCESSION: _____

   PART & PLAN #(s): _____ PIN NO. _____

C) PLANNING INFORMATION

4. Are there any encumbrances affecting the subject lands (eg; mortgages, easements, right of way, etc.)

5. Description of Part Lot Control Details:

Existing Lot Size (all measurements are to be in Metric):

FRONTAGE: _____DEPTH: _____LOT AREA: _____

6. Are there any EXISTING buildings or structures on the subject land?

◯ YES ◯ NO

(If yes, for each building or structure list the following in metres, please attach a separate sheet if more space is needed)

	Setbacks from Lot Lines					
Type	Front Lot	Rear	Sides (2)	Height	Dimensions	Floor Area
Example Shed	*20*	*5*	*3 & 26*	*3*	*3.5 x 4*	*14 m²*

7. Are any PROPOSED buildings or structures to be built on the subject land?

◯ YES ◯ NO

(If yes, for each building or structure list the following in metres, please attach a separate sheet if more space is needed)

	Setbacks from Lot Lines					
Type	Front Lot	Rear	Sides (2)	Height	Dimensions	Floor Area
Example Shed	*20*	*5*	*3 & 26*	*3*	*3.5 x 4*	*14 m²*

8. Water is provided to the subject land by: (select only one)

- ◯ PUBLICLY OWNED AND OPERTATED PIPED WATER SYSTEM
- ◯ PRIVATELY OWNED AND OPERATED INDIVIDUAL WELL
- ◯ PRIVATELY OWNED AND OPERATED COMMUNAL WELL
- ◯ LAKE OR OTHER WATER BODY
- ◯ OTHER MEANS

9. Sewage disposal is provided to the subject land by:

- ◯ PUBLICLY OWNED AND OPERATED SANITARY SEWAGE SYSTEM
- ◯ PRIVATELY OWNED AND OPERATED INDIVIDUAL SEPTIC SYSTEM
- ◯ PRIVATELY OWNED AND OPERATED COMMUNAL SEPTIC SYSTEM
- ◯ PRIVY
- ◯ OTHER MEANS

10. Storm drainage is provided by:

- ◯ SEWER
- ◯ DITCHES
- ◯ SWALES
- ◯ OTHER MEANS

D) SKETCH

A sketch must be attached to this application, showing the following: (in metric)

a. The boundaries and dimensions of the subject land.

b. The location, size and type of all existing and proposed buildings and structures.

c. Resulting lot frontage and lot area for all lots to result from Part Lot Control.

d. The distance between all buildings and structures and all lot lines (front, side & rear).

e. The approximate location of all natural and artificial features on the subject land and adjacent lands that may affect the application (examples: buildings, railways, roads, watercourses, wooded areas, wells, and septic tanks).

f. The current uses on adjacent land (examples: agricultural, residential, and commercial).

g. The location, width, name and type of any roads within or abutting the subject land (examples: unopened road allowance, county road, private road, or right-of-way).

h. The location and nature of any easement affecting the subject land (examples: hydro, pipeline, or right-of-way)

E) AUTHORIZATION & PERMISSION

If the owner is not the applicant, there is more than one owner, or the subject land is owned by a corporation, one of the following authorization must be completed. (or each owner must submit a letter of authorization)

1. WHERE THE PROPERTY IS OWNED BY ONE OR MORE NATURAL PERSONS:

I/We,_____, being the registered owner(s) of the land that is the subject of this application, hereby authorize _____ to submit this application on my behalf.

_____ _____

Signature of Owner Date

2. WHERE THE PROPERTY IS OWNED BY A COMPANY OR CORPORATION:

I,_____, having signing authority for_____(name of corporation or numbered company), that is the owner of the land that is the subject of this application authorize_____to submit this application on the company/corporation's behalf.

_____ _____

Signature of Signing Officer Date

PLEASE NOTE THAT:

Unless otherwise requested, all information will be sent to the agent, if any.

If jointly owned: both owners may be applicants, one owner may be the applicant if the other owner(s) authorize, or another agent may be authorized by the owners.

All fees are payable in cash or cheque (payable to The Corporation of the Township of North Dundas), and must be presented with this application.

3. PERMISSION TO ACCESS PROPERTY:

I hereby authorize and consent to permit municipal and Conservation Authority staff to enter upon the subject property during regular business hours during the time that the application is under consideration by the Counties of Stormont, Dundas and Glengarry for the purpose of conducting site inspections.

_____ _____

Owner(s)/Applicant/Authorized Agent Signature Date

4. FREEDOM OF INFORMATION:

I hereby acknowledge and provide my consent, in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, that the information on this application and any supporting documentation provided by myself, my agents, consultants and solicitors, will be part of the public record and will also be available to the general public.

_____ _____

Owner(s)/Applicant/Authorized Agent Signature Date