



REQUEST FOR EXEMPTION FROM PART LOT CONTROL

(under Section 50 (7) of the Planning Act, RSO 1990, c. P. 13)

FOR TOWN USE ONLY	
File Number	Date of Receipt

1. **Submission Requirements:**

- One (1) completed application form submitted to the Town of Lakeshore, Planning Division, 419 Notre Dame Street, Belle River, ON N0R 1A0.
- One (1) copy of a cover letter outlining the nature of the requested exemption from Part Lot Control.
- Three (3) copies of a Reference Plan (R-Plan), with a Surveyors Frontage and Area Certificate.
- One reduced copy of the Reference Plan (R-Plan) in 8 ^{1/2} X 11 format.
- One (1) copy of the Registered Plan (M-Plan) with the proposed area for Part Lot Control outlined in red.
- One (1) reduced copy of the Registered (M-Plan) with the proposed area for Part Lot Control clearly outlined.
- One (1) copy of a site location map, or key map in 8 ^{1/2} X 11 format.
- An application fee in accordance with the Town of Lakeshore Tariff of Fees By-law.

2. Owner/Applicant/Agent

	Mailing Address	Telephone	Facsimile	E-mail
Owner		()	()	
Applicant or Primary Consultant		()	()	
Agent or Solicitor		()	()	

Matters relating to this application should be sent to (select one only): <input type="checkbox"/> Owner <input type="checkbox"/> Applicant or Primary Consultant <input type="checkbox"/> Agent	The applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Lessee of Land <input type="checkbox"/> Prospective Owner
If the applicant is not the Owner, the Owner must consent to the proposed Request for Exemption from Part Lot Control <input type="checkbox"/> Separate Letter of Authorization attached	Owner's Signature: Date:

3. Details of the Requested Exemption

Reason for the Proposed Exemption from Part Lot Control

<u>Use</u>	<u>Number</u>	<u>Description</u>
Residential	_____	Single detached dwellings
	_____	Semi-detached dwellings
	_____	Townhouse dwellings
	_____	Apartments or Other
	_____	Total Dwellings
Industrial	_____	Describe: _____
Commercial	_____	Describe: _____
Minor Redevelopment Proposals	_____	Describe: _____
Other (i.e. easements, rights-of-way, or enabling the sale of lots where a road widening will or has created parts of lots in a Registered Plan)	_____	Describe: _____

Location and Description					
Municipal Address		Lot/Part #	Plan/Concession #	Assessment Roll # & PIN #	
Subdivision Details					
Registered Plan No.	Block Nos.	Implementing Zoning By-law	Subdivision File No.	Date of Subdivision Registration	

(please provide any additional details on an attached sheet)

4. Current Planning Status

Land Use Designation – Official Plan	
Existing Zoning	
Subdivision Registration (provide date and number of units within overall M-Plan)	
Existing easements or rights-of-way on the subject lands and their purpose.	

5. Other Planning Applications or Approvals Required

Indicate whether the property is the subject of the following current or previous planning applications:

Application Type		Submitted?		Office Use Only (File No.)
		yes	no	
<input type="checkbox"/>	Official Plan Amendment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Plan of Subdivision or Condominium	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Zoning By-law Amendment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Land Division (Severance)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Site Plan	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Minor Variance or Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

Dated at _____ this _____ day of _____, 20____.

(Signature of Owner or Authorized Applicant)

**CONSENT OF THE OWNER/AUTHORIZED APPLICANT TO THE USE AND DISCLOSURE OF INFORMATION
AND SUPPORTING DOCUMENTATION**

I, _____, am the Authorized Applicant for the owner of the land (if owner is applying directly strike out reference to the "authorized applicant") that is the subject of this planning application and for the purposes of the *Municipal Freedom of Information and Protection of Privacy Act* I authorize and consent to the use by dissemination or the disclosure to any person or public body of any personal information, and any reports/studies and supporting documentation submitted in support of this application, that are collected under the authority of the *Planning Act* for the purposes of processing this application. I acknowledge being advised that should I have any questions about this collection of information or its release I may contact the Clerk of the Town of Lakeshore, 419 Notre Dame Street, Belle River, ON N0R 1A0, (519) 728-2700

Date

Signature of Owner/Authorized Applicant

OWNER'S/AUTHORIZED APPLICANT'S ACKNOWLEDGMENTS

Owners/Authorized Applicants are advised that there may be additional approvals (i.e. building permit etc.) and additional fees and charges associated with any development approved in conjunction with this application.

Owners/Authorized Applicants may be required to provide additional information that will assist the Town of Lakeshore in assessing the application.

The Owner/Authorized Applicant agrees to cooperate fully with the Town of Lakeshore and all of its staff in allowing and facilitating the inspection of the subject lands by Town of Lakeshore staff.

The applicant acknowledges and agrees that the Town of Lakeshore reserves the right to request additional deposits/monies for expenses (i.e. engineering fees etc.) incurred by the Town of Lakeshore in reviewing this application.

DECLARATION

I, _____ of _____ in the County/District/Regional Municipality of _____ 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 and by virtue of the Canada Evidence Act. I also agree to allow the Town of Lakeshore its employees and agents to enter upon the subject property for the purpose of conducting inspections, surveys and tests that maybe necessary to this application. I fully understand and agree to comply with all of the Owner's/Authorized Applicant's Acknowledgements set out above.

Declared before me at _____ in the _____ of _____
this _____ day of _____, 20____.

Owner/Authorized Applicant

A Commissioner, etc.

AUTHORIZATION

If the applicant is not the owner of the land that is subject of this application, written authorization by the owner must be attached or the authorization set out below must be completed by the owner.

I, _____ am the owner of the land that is subject of this application for approval and I authorize _____ (the "Authorized Applicant") to make this application on my behalf. I acknowledge and agree that I am bound by all acknowledgements, declarations, agreements and statements made on my behalf in this application by my Authorized Applicant including those made in reference to *Municipal Freedom of Information and Protection of Privacy Act* authorizing the use by dissemination or the disclosure to any person or public body of any personal information, and any reports/studies and supporting documentation submitted in support of this application, that are collected under the authority of the *Planning Act* for the purposes of processing this application.

Date: _____

Signature of Owner: _____