



**Development Services Department**  
8 Carleton Street South  
Thorold, ON L2V 5C2  
905-227-6613

## PART LOT CONTROL EXEMPTION APPLICATION

### Office Use Only

|                   |  |                |  |
|-------------------|--|----------------|--|
| File #:           |  | Closing Date*: |  |
| Pre-Consultation: |  | Reviewed By:   |  |

- Please Type or Print Clearly, All applicants must complete Section 1 and 2.
- All information and materials required in support of your application shall be made available to the public, as indicated by Section 1.0.1 of The Planning Act, R.S.O. 1990, **C.P.13**.

**Date received:**

### Applicant Checklist

- ☐ One (1) completed application form in both hard and digital copies.
- ☐ A covering letter from the Owner explaining the proposal and the reasons for the exemption.
- ☐ The proposed lots or blocks on a draft reference plan to which the proposed exemption applies (all existing buildings and setbacks must be shown).
- ☐ A legal survey or registered plan of subdivision indicating the lands to which the proposed exemption applies.
- ☐ Applicable application fee in cash, debit or by cheque made payable to the City of Thorold.

**Please note that following Council approval of Part Lot Control By-law(s), the applicant will be responsible for registering the signed By-law on title for each property.**

**\* Please note closing date is only for the applicant's reference: Please ensure applications are submitted in advance of this date to ensure City of Thorold staff have the required time to review and process the application. Providing a Closing Date does not ensure the Part Lot Control Exemption application will be processed by this date.**

## **SECTION 1: INFORMATION**

| <b>Number Of Lots to Be Created by Type</b> |  |
|---------------------------------------------|--|
| Semi-detached units                         |  |
| Townhouses                                  |  |
| Other (please specify)                      |  |

| <b>Contact Information</b>            |                                           |                                |                                                                   |
|---------------------------------------|-------------------------------------------|--------------------------------|-------------------------------------------------------------------|
| <b>Name of registered owner(s)</b>    |                                           | Company Name                   |                                                                   |
| Mailing address                       |                                           | Unit Number                    | Postal Code                                                       |
| Province                              | Email                                     | Telephone                      |                                                                   |
| <b>Name of authorized agents(s)</b>   |                                           | Company Name                   |                                                                   |
| Mailing address                       |                                           | Unit Number                    | Postal Code                                                       |
| Province                              | Email                                     | Telephone                      |                                                                   |
| <b>Name of Ontario Land Surveyor</b>  |                                           | Company Name                   |                                                                   |
| Mailing address                       |                                           | Unit Number                    | Postal Code                                                       |
| Province                              | Email                                     | Telephone                      |                                                                   |
| <b>Name of Lawyer(s)</b>              |                                           | Company Name                   |                                                                   |
| Mailing address                       |                                           | Unit Number                    | Postal Code                                                       |
| Province                              | Email                                     | Telephone                      |                                                                   |
| Contact for all future correspondence | <input type="checkbox"/> Registered Owner | <input type="checkbox"/> Agent | <input type="checkbox"/> Surveyor <input type="checkbox"/> Lawyer |

| Subject Lands           |                |           |         |                   |
|-------------------------|----------------|-----------|---------|-------------------|
| Municipal Address/Area: |                | Roll No.: |         |                   |
| Block No.               | Reference Plan | Part No.  | PIN No. | Municipal Address |
|                         |                |           |         |                   |
|                         |                |           |         |                   |
|                         |                |           |         |                   |
|                         |                |           |         |                   |
|                         |                |           |         |                   |
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|                         |                |           |         |                   |
|                         |                |           |         |                   |
|                         |                |           |         |                   |
|                         |                |           |         |                   |

| Existing Easements |                         |                         |
|--------------------|-------------------------|-------------------------|
| Part No.           | Description of Easement | Easement Reference Plan |
|                    |                         |                         |
|                    |                         |                         |
|                    |                         |                         |
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|                    |                         |                         |

## **AUTHORIZATIONS**

If the applicant is not the owner of the subject land that is the subject of this application, please complete the authorizations set out below. If the owner is a company / corporation, indicate the authority of the signer, e.g. president, signing authority, has authority to bind the corporation etc.

### **Consent of the Owner to the Use and Disclosure of Personal Information**

Complete the consent of the owner concerning personal information set out below.

I, \_\_\_\_\_  
*Print name of registered owner(s)*

am the registered owner of the subject land that is the subject of this application and for the purposes of the 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:

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Registered Owner(s)*  
*(I have the authority to bind the corporation.)*

### **Authorization of Owner for Agent to Make the Application and Provide Personal Information**

I, \_\_\_\_\_,  
*Print name of registered owner(s)*

am the registered owner of the land that is the subject of this application and for the purposes of the Freedom of Information and Protection of Privacy Act I authorize:

\_\_\_\_\_ to act as my agent for this application,  
*Print name of authorized agent*

and provide any of my personal information that will be included in this application or collected during the processing of the application to the City of Thorold Committee of Adjustment for consent to convey an interest in the land in accordance with Subsection 1 of Section 53 of the Planning Act, R.S.O., 1990.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Registered Owner(s)*

## Agreement to Permit Entrance to Land

I am the Registered Owner and/or the Authorized Agent of the subject land, and I agree to allow City of Thorold staff and / or Committee Members and / or related agency staff the right to enter onto the land, as necessary, to assess and photograph the land for the proposal. I acknowledge that failure to allow access onto the land may result in this application being considered incomplete.

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*Date*

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*Print name of Registered Owner(s) or Authorized Agent*

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*Signature of Registered Owner(s) or Authorized Agent*

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## Affidavit or Sworn Declaration

To be signed and witnessed in the presence of a Commissioner for Taking Affidavits:

I, \_\_\_\_\_,  
*Print name of registered owner(s) or authorized agent*

of the \_\_\_\_\_ in the Province of \_\_\_\_\_,  
*municipality (town, city, etc.)*

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 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.

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*Signature of Registered Owner(s) or Authorized Agent*

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## For Staff

DECLARED before me at the \_\_\_\_\_ in the \_\_\_\_\_  
*lower tier municipality* *upper tier municipality*

on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

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*A Commissioner, etc.*

**Note:** Personal information collected on this application will become part of a public record.

Any questions regarding this collection should be directed to the City Clerk.

City Clerk, City of Thorold  
3540 Schmon Parkway, P.O. Box 1044  
Thorold, Ontario L2V 4A7  
Telephone: 905-227-6613  
Fax: 905-227-5590