



**APPLICATION FOR CONSENT
Under Section 53 of The Planning Act**

UNITED COUNTIES OF LEEDS AND GRENVILLE

(Effective May 21, 2009)

File No. B- _____

Date Accepted: _____

1. **NAME OR OWNER(S):** _____
ADDRESS, CITY/TOWN: _____
POSTAL CODE: _____ **TELEPHONE: (Home)** _____ **(Work)** _____

2. **AGENT/APPLICANT:** Name of the person who is to be contacted about the application, if different than owner. (This may be a person or firm acting on behalf of the owner – An owner’s authorization is required if the applicant is not the owner)

ADDRESS, CITY/TOWN: _____
POSTAL CODE: _____ **TELEPHONE: (Home)** _____ **(Work)** _____

3. **LOCATION OF THE SUBJECT LAND: MUNICIPALITY** _____
 Former Municipality _____ Concession No. _____ Lot No. _____
 Registered Plan No. _____ Lot(s) _____ Block(s) _____ Reference Plan No. _____
 Are there any easements or restrictive covenants affecting the subject land? Yes No
 If Yes, describe the easement or covenant and its effect _____

4. **PURPOSE OF THIS APPLICATION:** (Check appropriate box)
 Transfer: Creation of New Lot Addition to a Lot An easement/right-of-way
 Other: A charge A lease
 Name of person(s), if known, to whom this land or interest in land is to be transferred, leased or charged _____
 If a lot addition, identify on the required sketch the lands to which the parcel will be added _____

5. **DESCRIPTION OF LAND INTENDED TO BE SEVERED:**
 Frontage _____ Depth _____ Area (acres/hectares) _____
 Existing Use _____ Proposed Use _____
 Number and use of buildings and structures:
 Existing _____ Proposed _____

6. **DESCRIPTION OF LAND INTENDED TO BE RETAINED:**
 Frontage _____ Depth _____ Area (acres/hectares) _____
 Existing Use _____ Proposed Use _____
 Number and use of buildings and structures: _____

7. WHAT TYPE OF WATER SUPPLY IS PROPOSED? (Check appropriate space)	Severed Lot	Retained Lot
Municipally owned and operated water supply	<input type="checkbox"/>	<input type="checkbox"/>
Well (circle – dug or drilled)	<input type="checkbox"/>	<input type="checkbox"/>
Communal Well	<input type="checkbox"/>	<input type="checkbox"/>
Lake or other water body	<input type="checkbox"/>	<input type="checkbox"/>
Not required	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

8. WHAT TYPE OF SEWAGE DISPOSAL IS PROPOSED? (Check appropriate space)	Severed Lot	Retained Lot
Municipally owned and operated sanitary sewers	<input type="checkbox"/>	<input type="checkbox"/>
Septic Tank	<input type="checkbox"/>	<input type="checkbox"/>
Communal septic system	<input type="checkbox"/>	<input type="checkbox"/>
Privy	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

9. TYPE OF ACCESS: (Check appropriate space)	Severed Lot	Retained Lot
Provincial Highway	<input type="checkbox"/>	<input type="checkbox"/>
County Road	<input type="checkbox"/>	<input type="checkbox"/>
Municipal road, maintained all year	<input type="checkbox"/>	<input type="checkbox"/>
Municipal road, seasonally maintained	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-way owned by _____	<input type="checkbox"/>	<input type="checkbox"/>
Water Access (Specify docking and parking facilities and distance of these facilities from the subject land and the nearest public road.)	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of Road _____	<input type="checkbox"/>	<input type="checkbox"/>

10. OTHER SERVICES: (Check if the service is Available)	Severed Lot	Retained Lot
Electricity	<input type="checkbox"/>	<input type="checkbox"/>
School Bussing	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Collection	<input type="checkbox"/>	<input type="checkbox"/>

11. **LAND USE:**
 What is the existing Official Plan designation of the subject land? _____
 What is the Zoning of the subject land? _____
 If the subject land is covered by a Minister’s Order, What is the regulation number? _____

(PLEASE TURN OVER)

12. **Please answer yes or no to the following:**

USE OR FEATURE	Yes	No
Is there an agricultural operation including livestock facility or stockyard located on or within 500 metres of the severed or retained land?		
Is there a landfill within 500 metres of severed or retained land?		
Is there a sewage treatment plant or waste stabilization plant within 500 metres of the severed or retained land?		
Is there a provincially significant wetland (Class 1, 2 or 3 wetland) on the severed or retained lands or within 120 metres?		
Is any portion of the land to be severed or retained located within a Flood Plain?		
Is any portion of the land to be severed or retained within 500 metres of a rehabilitated mine/pit/quarry site?		
Is there a non-operating mine/pit/quarry site within 1 kilometre of the severed or retained land?		
Is there an active mine/pi/quarry site within 1 kilometre of the severed or retained land?		
Is there an industrial or commercial use located within 500 metres of the severed or retained land? (If yes, specify the use)		
Is there an active railway line within 500 metres of the severed or retained land?		
Is there a municipal or federal airport within 500 metres of the severed or retained land?		
Is there any Utility corridor(s) (i.e. power lines, etc.) located on the severed or retained lands or within 500 metres?		

13. **History of the Subject Land:**

Has the subject land ever been the subject of an application for approval of a plan of subdivision or consent under the Planning Act? No Yes Unknown If yes and if known, provide the application file number and the decision made on the application, the dates of transfers, the names of the transferees and the land use _____

Has any land been severed from the parcel originally acquired by the owner of the subject land? No Yes If yes, provide for each parcel severed, the date of transfer, the name of the transferee and the land use.

14. **Current Applications:**

Is the subject land currently the subject of a proposed Official Plan Amendment?

No Yes Unknown If Yes, and if known, specify the appropriate file number and status of application.

Is the subject land the subject of an application for a zoning by-law amendment, Minister's zoning order amendment, minor variance, consent or approval of a plan of subdivision?

No Yes Unknown If Yes, and if known, specify the appropriate file number and status of application.

15. **SKETCH:** The application shall be accompanied by a sketch no larger than 11" by 17" (if larger, 20 copies of the sketch will be required) showing the following: Please refer to the sample sketch on page 4 of this form.

- the boundaries and dimensions of the subject land, the part that is to be severed and the part that is to be retained.
- the boundaries and dimensions of any land owned by the owner of the subject land and that abuts the subject land, the distance between the subject land and the nearest Township lot line or landmark, such as a railway crossing or bridge.
- the location of all land previously severed from the parcel originally acquired by the current owner of the subject land.
- the approximate location of all natural and artificial features on the subject land and adjacent lands that in the opinion of the applicant may affect the application, such as buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded areas, wells and septic tanks.
- the existing use(s) on adjacent lands.
- the location, width and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public travelled road, a private road or right-of-way.
- if access to the subject land is by water only, the location of the parking or boat docking facilities to be used.
- the location and nature of any easement affecting the subject land.

16. **OTHER INFORMATION:** Is there any other information that you think may be useful to the Land Division Committee or other agencies in reviewing this application? If so, explain below or attach a separate page.

NOTE: If joint ownership, each individual signature is required.

17. **AFFIDAVIT:**

I/WE, _____ of the _____ in the _____ solemnly declare that all the statements contained in this application are true and that the information contained in the documents that accompany this application is true.

Declared before me at the _____

in the _____

this _____ day of _____, _____

Signature of Owner or Agent

Signature of Owner or Agent

A Commissioner of Oaths

18. **AUTHORIZATION:**

If the applicant is not the owner of the land that is the subject of this application, the owner must complete the following or a similar authorization attached to the consent application.

Authorization of Owner for Agent to make the application and to provide Personal Information

I/WE, _____, being the registered owner(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 of 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.

Signature of Owner

Date _____

Signature of Owner

19. **CONSENT OF OWNER:** The owner must also complete the following or a similar authorization attached to the application.

Consent of Owner(s) to the Use and Disclosure of Personal Information and to Allow Site Visits to be conducted.

I/We, _____, being the registered owner(s) of the lands subject of this application for consent, and for the purpose of the Freedom of Information and Protection of Privacy Act, hereby 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. I/We also authorize and consent to representatives of the Land Division Committee and the persons and public bodies conferred with under Section 53(10) of the Planning Act entering upon the lands subject of this application for the purpose of conducting any site inspections as may be necessary to assist in the evaluation of the application.

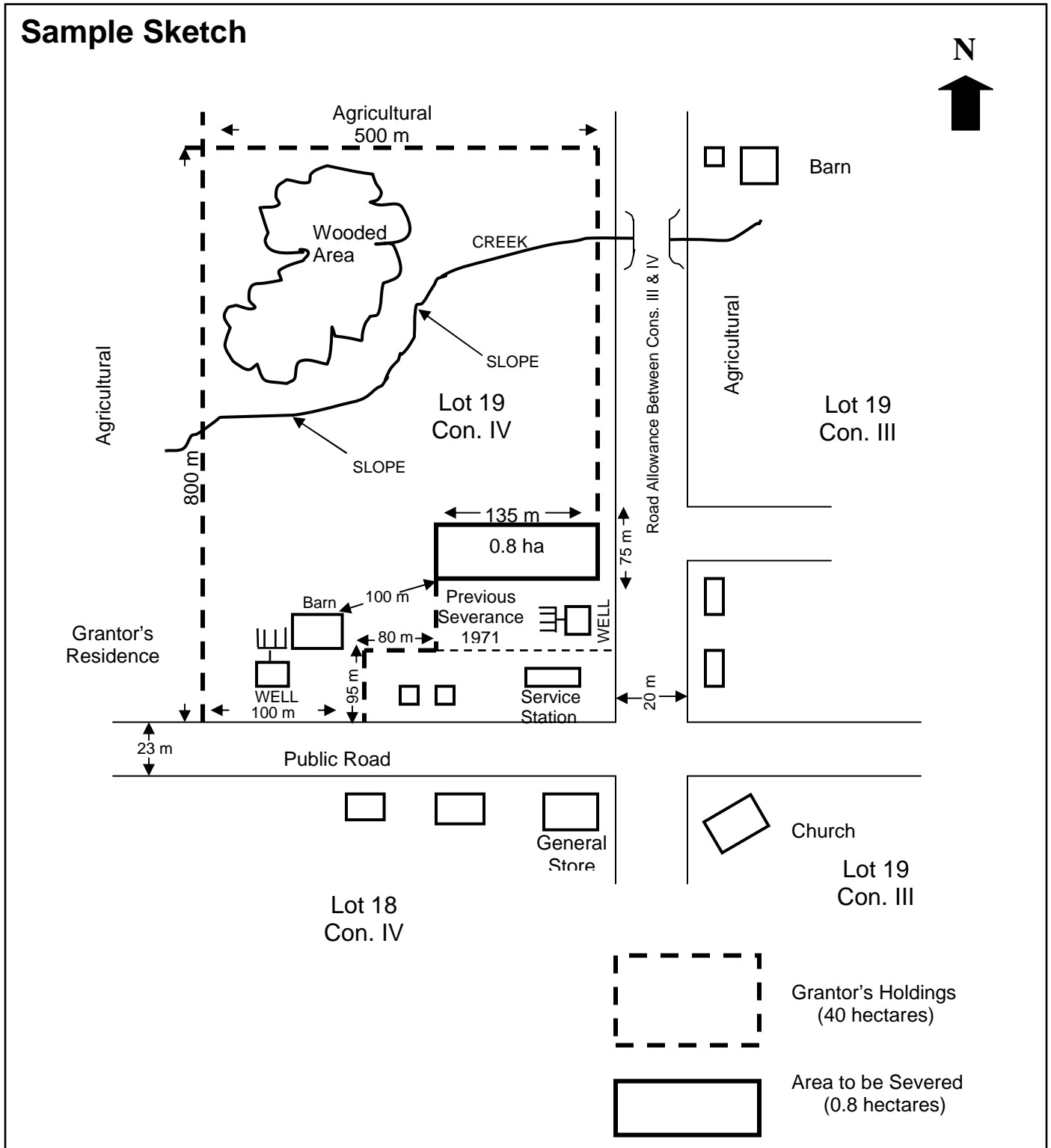
Signature of Owner

Date _____

Signature of Owner

The Land Division Committee will assign a File Number for complete applications and this should be used in all communications.

Applicant's Checklist:	Have you remembered to attach:	YES	N/A
1.	1 Copy of the completed application form	<input type="checkbox"/>	
2.	1 Copy of the sketch with required details	<input type="checkbox"/>	
3.	\$600.00 payable to United Counties of Leeds & Grenville	<input type="checkbox"/>	
4.	List obtained from the local Municipality of every landowner within 60 metres of the subject lands	<input type="checkbox"/>	
5.	Cheque payable to Leeds, Grenville & Lanark Health Unit	<input type="checkbox"/>	<input type="checkbox"/>
6.	Cheque payable to appropriate Conservation Authority	<input type="checkbox"/>	<input type="checkbox"/>
7.	Cheque payable to appropriate Municipality	<input type="checkbox"/>	<input type="checkbox"/>



FORWARD COMPLETED APPLICATION AND ALL REQUIRED INFORMATION TO:

**SECRETARY-TREASURER,
LAND DIVISION COMMITTEE**

25 CENTRAL AVE. W, SUITE 100, BROCKVILLE, ONTARIO, K6V 4N6

**TELEPHONE NO: 613-342-3840 – EXT. 2414
FAX NO: 613-342-3069**