



THE CORPORATION OF THE TOWN OF WASAGA BEACH

PLANNING DEPARTMENT

APPLICATION FOR LIFTING OF PART LOT CONTROL

| OFFICE USE ONLY | | | |
|--|--|------------|--|
| DATE RECEIVED: | | FILE NO.: | |
| DATE APPLICATION DEEMED COMPLETE: | | | |
| FEES | | | |
| Lifting of Part Lot Control | | \$4,500.00 | |
| Each Additional Lot | | \$ 75.00 | |
| Extension of Lifting of Part Lot Control | | \$1,200.00 | |

Pursuant the *Planning Act*, R.S.O. 1990, c.P.13 and amendments thereto, I/We submit an application to the Town of Wasaga Beach to Lift Part Lot Control

I/We enclose herewith the fee of FOUR THOUSDAND FIVE HUNDRED DOLLARS (\$4500.00) plus SEVENTY-FIVE DOLLARS (\$75.00) for each additional unit/lot and agree to pay further costs and expenses incurred by the Municipality for legal, planning, engineering and/or other costs incidental to this application to the completion of all appeals or Ontario Municipal Board hearings, should they arise. The application fee shall be paid by cash or check payable to the "Corporation of the Town of Wasaga Beach" at the time of filling of the application. **NOTE:** A copy of the Reference Plan and Key Map of the lands subject to application must be submitted with this application.

WE ARE DIGITAL!

Applications are now required to be submitted through our [Online Portal](#).

**For help with accessing the online portal click [here](#).

1. CONTACT INFORMATION

Applicant Information

| | | | |
|--------------------|--|----------|--|
| Name of Applicant: | | | |
| Mailing Address: | | | |
| Telephone No: | | Cell No: | |
| E-Mail: | | | |

Owner Information (if different from Applicant)

| | | | |
|------------------|--|----------|--|
| Name of Owner: | | | |
| Mailing Address: | | | |
| Telephone No: | | Cell No: | |
| E-Mail: | | | |

Agent Information (if applicable)

| | | | |
|------------------|--|----------|--|
| Name of Agent: | | | |
| Mailing Address: | | | |
| Telephone No: | | Cell No: | |
| E-Mail: | | | |

Communications should be sent to Applicant Owner Agent

Name of Mortgagee, charges or encumbrances, in respect to subject lands (if applicable)

| | | | |
|------------------|--|----------|--|
| Name: | | | |
| Mailing Address: | | | |
| Telephone No: | | Cell No: | |
| E-Mail: | | | |

2. LOCATION AND DESCRIPTION OF THE SUBJECT LANDS

Location of Subject Property (complete applicable lines)

| | | | |
|------------------|--|-------------|--|
| Street & Number: | | | |
| Tax Roll #: | | | |
| Lot No.: | | Concession: | |
| Part No.: | | Plan No.: | |

3. OTHER INFORMATION

Is there any other information that you think may be useful to the Municipality or other agencies in reviewing the application? If so, explain in the space provided or attach on a separate page:

Enclosed herewith is the applicable fee and I/We hereby agree to pay further costs and expenses incurred by the Municipality for legal, planning, engineering and/or other costs incidental to this application to the completion of all appeals or Ontario Municipal Board hearings, should they arise.

I/We further agree to pay any or all applicable, development charges with respect to this application, if granted.

4. PERMISSION TO ENTER

Consent is given to the Town of Wasaga Beach, its employees and authorized representatives to enter onto the above noted property, solely for the purpose of obtaining information to assist in the evaluation of this application.

The owner acknowledges that employees or authorized representatives of the Town may enter onto the subject property at any reasonable time and only for the purposes set out above.

| | | | |
|-------|--|---------------------|--|
| Date: | | Signature of Owner: | |
|-------|--|---------------------|--|

5. AUTHORIZATION OF OWNER

If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the applicant is authorized to make the application must be included with this form or the authorization set out below must be completed.

6. AUTHORIZATION OF OWNER FOR AGENT TO MAKE APPLICATION AND TO PROVIDE PERSONAL INFORMATION

I, _____, am the owner of the land this is the subject of this application and for purposes of the *Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56.*, authorize _____ as my agent for this application, to provide any of my personal information that will be included in this application or collected during the processing of the application.

| | | | |
|-------|--|---------------------|--|
| Date: | | Signature of Owner: | |
|-------|--|---------------------|--|

7. CONSENT OF THE OWNER TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION

I, _____, am the 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, R.S.O. 1990, c. M. 56.* 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.

Personal information contained in this form, collected and maintained pursuant to *The Planning Act*, will be used for the purpose of responding to the Application and creating a public record. The Owner's Signature acknowledges that "personal information [is] collected and maintained specifically for the purpose of creating a record available to the general public;" per Section 14(1)(c) of the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56.*

The applicant acknowledges that the Town considers the application forms and all supporting materials, including studies and drawings, filed with this application to be public information and to form part of the public record. With the filing of an application, the applicant consents to the Town photocopying and releasing the application and any supporting material either for its own use in processing the application or at the request of a third party, without further notification to or permission from the applicant. The applicant also hereby states that it has authority to bind its consultants to the terms of this acknowledgement. Questions regarding the collection of information should be directed to the Clerk of the Town of Wasaga Beach, 705-429-3844, ex 2223.

| | | | |
|-------|--|---------------------|--|
| Date: | | Signature of Owner: | |
|-------|--|---------------------|--|

8. AFFIDAVIT OR SWORN DECLARATION OF OWNER/AGENT

Declaration for the Prescribed and Requested Information

I, _____, of the _____ of _____
in the _____ of _____

do solemnly declare that all of the above statements and all attachments are true, and I make this oath 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*.

DECLARED before me at the _____ of _____,
in the _____ of _____ this _____ day of _____, 20__

Signature

A Commissioner, etc.

For hard copy submissions, please submit your complete application to:

**The Town of Wasaga Beach
Planning Department
120 Glenwood Drive
Wasaga Beach, Ontario L9Z 2K5**

Regular business hours: Monday to Friday from 8:30 a.m. to 4:30 p.m.