CITY OF Welland

File No. B _____ / _____ WELL

THE CORPORATION OF THE CITY OF WELLAND
COMMITTEE OF ADJUSTMENT

THE PLANNING ACT - SECTION 57
APPLICATION FOR VALIDATION OF TITLE

(NOTE: PRIOR TO COMPLETING THIS FORM THE APPLICANT SHOULD READ THE ATTACHED SUBMISSION REQUIREMENTS)

FOR OFFICE USE ONLY:

APPLICATION FEES

VALIDATION OF TITLE	$3,955.00
RESCHEDULING OF VALIDATION APPLICATION	$2,084.00

DATE RECEIVED: _____

CITY FEE RECEIVED: _____

OTHER FEE RECEIVED: _____

DATE OF COMPLETED APPLICATION: _____

APPLICATION REVIEWED BY: _____

DATE: _____

Please submit one (1) copy of a 'completed' application together with the required fee(s) and other required information

To: City of Welland
Secretary-Treasurer
Committee of Adjustment
60 East Main Street
Welland, Ontario. L3B 3X4
Telephone: 905-735-1700
Fax: 905-735-8772
www.welland.ca

PLEASE PRINT

DATE OF APPLICATION: _____

1. (a) Name of Applicant: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____ Fax: _____

Email: _____

(b) Applicant's Solicitor (if any): _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____ Fax: _____

Email: _____

(c) Authorized Agent (if any): _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: _____ Fax: _____

Email: _____

(d) Please specify to whom all communications should be sent:

☐ Applicant ☐ Solicitor ☐ Agent

2. Location of subject land: Legal Description

_____

_____

_____

(Lot No., Registered Plan No., Concession, Reference Plan, etc.)

Street Address _____

3. In whose name is the property registered?

_____

4. When was the property purchased? _____

5. Did the previous Owner retain any interest in the subject land?

☐ Yes ☐ No

If "Yes" please give details: _____

_____

6. Do you have any interest in any abutting parcel of land?

☐ Yes ☐ No

If "Yes" please give details:: _____

_____

_____

7. Why do you consider your Title may require Validation?

PLEASE OUTLINE THE HISTORY OF THE CONVEYANCE(S) BREACHING THE PLANNING ACT.

_____

_____

_____

_____

_____

_____

_____

8. Are there any existing easements or restrictive covenants affecting the subject land?

☐ Yes ☐ No

If "Yes" describe the easement or covenant and its effect: _____

_____

9. Description of subject land:

(a) Frontage _____ m Depth _____ m

Area _____ ☐ m^2 ☐ ha

(b) Existing Use _____ Proposed Use _____

(c) Number and use of existing and proposed buildings and structures on the land:

Existing: _____

Proposed: _____

10. (a) Type of access to subject land:

- ☐ Provincial Highway
- ☐ Regional Road
- ☐ Municipal Road maintained all year
- ☐ Other Public Road
- ☐ Municipal Road maintained seasonally
- ☐ Right-of-Way
- ☐ Water Access
- ☐ Private Road

11. What type of water supply is provided/proposed? (Check appropriate space)

TYPE	
Publicly owned and operated piped water supply	☐
Lake	☐
Well (private or communal)	☐
Other (specify)	☐ _____

12. What type of sewage disposal is provided/proposed? (Check appropriate space)

TYPE	
Publicly owned and operated sanitary sewage system	☐
Septic system (private or communal)	☐
Other (specify)	☐

13. When will the above-noted water supply and sewage disposal services be available?

_____

14. (a) Has the Owner previously severed any land from this holding?

☐ Yes ☐ No

(b) If the answer to (a) is "Yes" please indicate previous severances on the required sketch and supply the following information for each lot severed (attach schedule if required):

Purchaser's Name: _____

Date of Transfer: _____

Land use of parcel: _____

Consent File Number (if known): _____

15. Is the subject land the subject of any other Application under the Planning Act e.g. Plan of Subdivision, Official Plan Amendment, Zoning By-law Amendment, Minister's Zoning Order, Consent, Minor Variance?

☐ Yes ☐ No

If "Yes" give the File Number and the status of the Application.

_____

16. (a) Current designation of the subject land in the Regional Policy Plan: _____

_____

(b) Current designation of the subject land in the Official Plan: _____

_____

(c) Existing zoning of the subject land: _____ By-law No.: _____

17. Affidavit or Sworn Declaration For Requested Information

AFFIDAVIT OR SWORN DECLARATION

I/We _____

of the City of _____

in the Regional Municipality of _____

solemnly declare that the information contained in Sections 1 through 16 inclusive of this application is accurate and the information contained in the documents that accompany this application in the respect of the above Sections is accurate and I/We make this solemn declaration conscientiously believing it to be accurate 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 _____)
_____)
this _____ day of _____)
A.D. 20 _____)

_____
A Commissioner, etc.

To be signed in the presence of a Commissioner for taking Affidavits.

_____
APPLICANT

18. Complete the Consent of the Owner/Applicant concerning personal information set out below.

CONSENT OF THE OWNER/APPLICANT TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION

I/We _____

am/are the Owner(s)/Applicant of the land that is the subject of this application for Consent and for the purposes of the Freedom of Information and Privacy Act I/We 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 Owner/Applicant

_____ _____

Date Signature of Owner/Applicant

19. Complete the Authorization for Agent (if Applicable).

AUTHORIZATION FOR AGENT

I/We _____

(PRINT NAME)

the Applicant(s) of the subject property hereby authorize

_____

(AGENT)

to act on my/our behalf with respect to this application.

_____ _____

Date Signature of Applicant

_____ _____

Date Signature of Applicant

NOTE: INFORMATION PROVIDED IN THIS APPLICATION WILL BECOME PART OF A PUBLIC RECORD