



THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

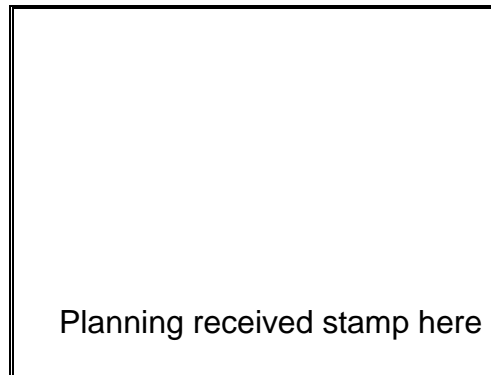
PO Box 3012, 50 Church Street
St. Catharines, ON L2R 7C2
Tel : 905.688.5600 | Fax: 905.688.5873
TTY: 905.688.4TTY (4889)

PLANNING AND BUILDING SERVICES

Planning Services

APPLICATION FOR FINAL CONDOMINIUM APPROVAL

AMANDA NO: _____ CA



PREAMBLE

The building(s) must be substantially complete in accordance with the Registered Site Plan Agreement and must be draft approved prior to this application being submitted.

SUBMISSION REQUIREMENTS

1. Two (2) folded copies (and one (1) digital copy) of the final Plan of Condominium prepared by an Ontario Land Surveyor showing the total holdings of the owner(s) and indicating the proposed location, extents and use of all units, common elements, and exclusive use areas. (Plans to be folded to 8 ½" by 14" or 8 ½" by 11" size.)
2. Two (2) folded copies (and one (1) digital copy) of all supporting materials required to clear conditions of draft plan approval.
3. One (1) copy (and one (1) digital copy) of the Land Titles Office parcel register (PIN page) pulled no more than 30 days prior to submission of this application.
4. One (1) copy of the completed Application form.
5. The Application fee: \$_____.

All information is to be forwarded to the:
Planning and Building Services Department
City of St. Catharines
Box 3012, City Hall
50 Church Street
St. Catharines, ON
Canada L2R 7C2

Phone No. (905) 688-5600 Ext. 1660 Fax No. (905) 688-5873

PLEASE PRINT ALL INFORMATION*

1. APPLICANT INFORMATION

REGISTERED OWNER OF PROPERTY: _____

MAILING ADDRESS: _____

CONTACT IF A NUMBERED COMPANY: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

APPLICANT (If different than owner):

NAME: _____

MAILING ADDRESS: _____

CONTACT IF A NUMBERED COMPANY: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

2. PROPERTY LOCATION AND DESCRIPTION

Municipal Address: _____

Legal description of the lands (as shown on the required parcel register)

3. Present use of land

Dimensions of subject property

- i) Lot (Street) frontage ft. _____ m _____
- ii) Depth ft. _____ m _____
- iii) Area sq. ft. _____ m² _____

4. Is there a Site Plan Agreement currently registered against the property?

Yes No

If yes, Instrument No: _____

5. CONDOMINIUM DESCRIPTION

Ownership Structure:

- Vacant Land
- Standard

Sub-Type:

- Residential
- Commercial
- Industrial
- Institutional
- Residential Redevelopment

Total number of units _____

6. AUTHORIZATION FOR AGENT
(Complete only if applicant is not the registered owner.)

I, _____

the owner of the property that is subject to this application, hereby authorize:

_____ to act on my behalf with respect
(Agent)
to this application.

Signature _____ Date _____

7. AFFIDAVIT

I, _____ of

the City _____ solemnly

declare that:

All 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.

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 and correspondence purposes. Questions about this collection should be directed to The City Clerk, City of St. Catharines, 50 Church Street, St. Catharines, Ontario L2R 7C2, telephone 905-688-5600.

Declared before me at the _____ of _____)

in the _____ of _____)

this _____ day _____ of, 20 _____)

A Commissioner etc., _____

Name of Owner or Authorized Agent Position/Title

Signature _____ Date _____