



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: 905.682.3631
TTY: 905.688.4TTY (4889)

PLANNING SERVICES
Development

APPLICATION FOR EXEMPTION FROM PART LOT CONTROL

The submission of this application must be accompanied with the Plans referred to herein, together with the required fee in cash or by cheque made payable to **CITY OF ST.CATHARINES**.

This application **must** be accompanied by **3 copies** of the Reference Plan (all existing buildings and setbacks must be shown);

1 copy of the Owner's Authorization/Declaration;

1 copy of the O.L.S. Certificate of Frontages and Areas (showing frontage at street line and at the minimum front yard setback from street line, area of each part shown on reference plan and use of each part i.e. easements, right of ways, etc.);

1 copy of Engineer's Letter (including a brief description of existing and/or proposed municipal services, confirming that all service utility connections are in place to suit the new lot lines).

The owner of the land, or the applicant, should complete the following **Application Form** and **Owner's Authorization/Declaration** and submit them along with the necessary documents to:

Planning Services Department
City of St. Catharines
P.O. Box 3012, City Hall, 50 Church Street
ST. CATHARINES, ON
L2R 7C2 Phone: (905) 688-5600 ext. 1719

NOTE: Personal information on the following forms is collected under the authority of the Planning Act and will be used by the City of St. Catharines Planning Services Department in the processing of applications for exemption from part lot control. The information may be used by other departments and agencies for the purpose of assessing the proposed development and for preparing comments to the Planning Services Department. This information may also be released to the public. Questions about the collection of this information should be directed to:

***Applicants should review this application with the
Planning Services Department before submitting***

APPLICATION FOR PART LOT CONTROL

PLEASE PRINT

- 1. **Name of Owner/Applicant** _____
Telephone Number _____ Fax Number _____
Address _____ (postal code)

- 2. **Name of Solicitor** _____
Telephone Number _____ Fax Number _____
Address _____ (postal code)

- 3. **Name of Agent** _____
Telephone Number _____ Fax Number _____
Address _____ (postal code)

- 4. **Ontario Land Surveyor** _____
Telephone Number _____ Fax Number _____
Address _____ (postal code)

- 5. **Engineer** _____
Telephone Number _____ Fax Number _____
Address _____ (postal code)

(ENGINEER: Under separate letter provide a brief description of existing and/or proposed municipal services, confirming that all service utility connections are in place to suit the new lot lines).

- 6. **Cash-In-Lieu of parkland been paid?** Yes No

7. **Site location address:** _____

Legal description: _____ (Lot/Block)

Registered Plan No.: _____

Reference Plan: _____

8. **Proposal: (Provide a brief description, including land use)** _____

9. **Number of Lots to be created by type:**

Semi-detached units: _____

Townhouses: _____

Other (please specify): _____

10. **Building Permits:**

Please list any Building Permit numbers:

OWNER'S AUTHORIZATION & DECLARATION

AUTHORIZATION:

I/We hereby authorize _____
To act on my/our behalf in the matter of this application for Part Lot Control.

Signature of Owner

Signature of Owner

The declaration below must be signed in the presence of a commissioner for taking affidavits. This may be done when presenting your application at City Hall.

DECLARATION

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

solemnly declare that all the 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 the virtue of the *Canada Evidence Act*. Further, upon completion of all conveyances, I will so advise the City of St. Catharines.

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

Signature of Owner or Authorized Agent

A Commissioner