



APPLICATION FOR LIFTING OF PART-LOT CONTROL

Section 1 – Contact Information

Registered Owner (name): _____

Contact person (if owner is a corporation): _____

Mailing Address: _____

Telephone Home: _____ Work: _____ Cell: _____

Email: _____

Applicant (name): _____

Mailing Address: _____

Telephone Home: _____ Work: _____ Cell: _____

Email: _____

Agent (name): _____

Mailing Address: _____

Telephone Home: _____ Work: _____ Cell: _____

Email: _____

Correspondence:

I/we prefer to receive correspondence in: French English

I/we prefer to receive correspondence via: Letter mail Email

Send correspondence to: Owner Applicant Agent

Did you have a pre-consultation meeting with the
City's Infrastructure & Planning Department? Yes No

Name of planner: _____ Date: _____

Section 2 – Description of the Subject Property

Please include all applicable information.

Civic Address: _____

Lot: _____ Concession: _____ Geographic Township: *Clarence*

Reference Plan Number: _____ Part(s): _____

Subdivision Plan Number: _____ Lot/Block: _____

Roll Number: _____ PIN(s): _____

Lot area: _____ m² ft² Lot depth: _____ m ft Width/frontage: _____ m ft

Is the property subject to any easements or restrictive covenants? Yes No

Instrument Number: _____

Description/Effect: _____

A reference plan or survey plan must be provided to indicate the proposed lot area and dimensions of the lots to be modified.

Section 3 – Description of the proposal

Briefly describe the proposal and type of construction:

Has the proposal received Site Plan Control approval? Yes No

Site Plan File Number:

What is the building permit number?

What is the closing date?

**Please note that the complete application must be received by the Infrastructure and Planning Department a minimum of six weeks before the closing date.*

Section 4 – Related Applications

Concurrent Applications

Is this parcel of land currently the subject of any other planning applications? Yes No

- If yes: Application type:
- Official Plan Amendment
 - Zoning By-law Amendment
 - Minor Variance
 - Plan of Subdivision
 - Site Plan Approval
 - Consent (Severance)
 - Building Permit
 - Other

File Number:	Status:
--------------	---------

Approval Authority:

Description of Subject Property:

Purpose of Application:

Effect on the Current Application:

Section 5 – Signatures

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Signature of Owner/Applicant</i>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Signature of Owner/Applicant</i>
---	---

Date:

Section 6 – Owner’s Authorization

To be completed if the owner is not the applicant or has assigned an Agent to help manage the application process.

I (we) _____
Name of Owner(s)

of _____
Village/Town

in the _____
County/Region

do hereby authorize _____
Name of Applicant or Agent

to act as my agent in this Application for Lifting of Part-Lot Control.

_____ *Signature of Owner* _____ *Signature of Owner*

Date:

SCHEDULE A

Applicant’s Checklist

The original application is to be completed and submitted to the Infrastructure & Planning Department of the Corporation of the City of Clarence-Rockland and must be signed by all the applicant(s) and owner(s) of the affected lands. The application must be accompanied by:

- The required fees, by cash, cheque, interact or money order, payable to the City of Clarence-Rockland
- Two (2) copies of a recent survey plan and/or reference plan
- Two (2) copies of a reference plan or survey plan to indicate the proposed lot area and dimensions of the lots to be modified

SCHEDULE B

Lifting of Part-Lot Control Application Fees

\$595.00

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Individual Privacy Act* and will be used for the purpose of responding to your request. Questions about this collection should be directed in writing to the Freedom of Information and Privacy Coordinator of the City of Clarence-Rockland.