



**APPLICATION FOR CONSENT
Under Section 53 of the Planning Act
UNITED COUNTIES OF LEEDS AND GRENVILLE**

File No. B- _____

PLEASE NOTE: FEES ARE NON-REFUNDABLE ONCE APPLICATION HAS BEEN CIRCULATED

Roll Number _____ **(Mandatory 15 digits)**

Date consulted with Municipality: _____ Date Accepted: _____

1. NAME OR OWNER(S): _____
ADDRESS, CITY/TOWN: _____
POSTAL CODE: _____ **TELEPHONE: (Home)** _____ **(Work)** _____
EMAIL ADDRESS: _____

2. AGENT/APPLICANT: Name of the person who is to be contacted about the application, if different than owner. Please include your email address. (This may be a person or firm acting on behalf of the owner – An owner’s authorization is required if the applicant is not the owner)

ADDRESS, CITY/TOWN: _____
POSTAL CODE: _____ **TELEPHONE: (Home)** _____ **(Work)** _____

3. LOCATION OF THE SUBJECT LAND: MUNICIPALITY _____
Former Municipality: _____ Concession No. _____ Lot No. _____
Registered Plan No.: _____ Lot(s) _____ Block(s) _____ Reference Plan No. _____
Civic Address: _____
Are there any easements or restrictive covenants affecting the subject land? Yes No

4. PURPOSE OF THIS APPLICATION: (Check appropriate box)
 Creation of New Lot Addition to a Lot An easement/right-of-way
 Other - Correction of Title, Or Lease
Name of person(s), if known, to who this land or interest in land is to be transferred, leased or charged

* If a lot addition, identify on the required sketch the lands to which the parcel will be added

5. DESCRIPTION OF LAND INTENDED TO BE SEVERED:
Frontage _____ Depth _____ Area (acres/hectares) _____
Existing Use _____ Proposed Use _____
Number and use of buildings and structures:
Existing _____ Proposed _____

6. DESCRIPTION OF LAND INTENDED TO BE RETAINED:
Frontage _____ Depth _____ Area (acres/hectares) _____
Existing Use _____ Proposed Use _____
Number and use of buildings and structures: _____

7. WHAT TYPE OF WATER SUPPLY IS PROPOSED? (Check appropriate space) _____

	Severed Lot	Retained Lot
Municipally owned and operated water supply	<input type="checkbox"/>	<input type="checkbox"/>
Well (circle – dug or drilled)	<input type="checkbox"/>	<input type="checkbox"/>
Communal Well	<input type="checkbox"/>	<input type="checkbox"/>
Lake or other water body	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>

8. WHAT TYPE OF SEWAGE DISPOSAL IS PROPOSED? (Check appropriate space)

Municipally owned and operated sanitary sewers	Severed Lot	Retained Lot
Septic Tank	<input type="checkbox"/>	<input type="checkbox"/>
Communal septic system	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

9. TYPE OF ACCESS: (Check appropriate space)

Provincial Highway _____	Severed Lot	Retained Lot
County Road _____	<input type="checkbox"/>	<input type="checkbox"/>
Municipal road, maintained all year _____	<input type="checkbox"/>	<input type="checkbox"/>
Municipal road, seasonally maintained _____	<input type="checkbox"/>	<input type="checkbox"/>
Right-of-way owned by _____	<input type="checkbox"/>	<input type="checkbox"/>
Water Access (Specify docking and parking facilities and distance of these facilities from the subject land and the nearest public road.) _____	<input type="checkbox"/>	<input type="checkbox"/>

10. OTHER SERVICES: (Check if the service is Available)

Electricity	Severed Lot	Retained Lot
School Bussing	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Collection	<input type="checkbox"/>	<input type="checkbox"/>

11. LAND USE:

What is the existing UCLG Official Plan designation of the subject land? _____

What is the existing Municipal Official Plan designation of the subject land? _____

What is the Zoning of the subject land? _____

12. Please check YES or NO to the following:

USE OR FEATURE	YES	NO
Is there an agricultural operation including livestock facility or stockyard located on or within 1500 metres of the severed or retained land? (if yes, MDS calculations will be required)		
** Are there any tile drains on the land to be severed; if present, show them on the application sketch.		
Is there a landfill within 500 metres of severed or retained land?		
Is there a sewage treatment plant or waste stabilization plant within 500 metres of the severed or retained land?		
Is there a Provincially Significant Wetland (Class 1, 2 or 3 Wetland) on the severed or retained lands or within 120 metres?		
Is any portion of the land to be severed or retained located within a Flood Plain?		
Is any portion of the land to be severed or retained within 500 metres of a rehabilitated mine/pit/quarry site?		
Is there a non-operating mine/pit/quarry site within 1 kilometre of the severed or retained land?		
Is there an active mine/pit/quarry site within 1 kilometre of the severed or retained land?		
Is there an industrial or commercial use, including propane distributors, located within 500 metres of the severed or retained land? (If yes, specify the use)		
Is there an active railway line within 300 metres of the severed or retained land?		
Is there a municipal or federal airport within 500 metres of the severed or retained land?		
Is there any Utility corridor(s) (i.e. towers, etc.) located on the severed or retained lands or within 500 metres?		

13. History of the Subject Land:

Has the subject land ever been the subject of an application for approval of consent or a plan of subdivision under the Planning Act? **No** **Yes** **Unknown** If yes and if known, provide the application file number and the decision made on the application, the dates of transfers, the names of the transferees and the land use: _____

Has any land been severed from the parcel originally acquired by the owner of the subject land? **No** **Yes**
If yes, provide for each parcel severed, the date of transfer, the name of the transferee and the land use.

14. Current Applications:

Is the subject land currently the subject of a proposed UCLG and/or Municipal Official Plan Amendment(s)?

No **Yes** **Unknown** If yes, and if known, specify the appropriate file number and status of application(s).

Is the subject land the subject of an application for a zoning by-law amendment, Minister’s zoning order amendment, minor variance, consent or approval of a plan of subdivision?

No **Yes** **Unknown** If yes, and if known, specify the appropriate file number and status of application.

15. SKETCH: The application shall be accompanied by a sketch **no larger than 8.5" by 14"** showing the following:
Please refer to the sample sketch on page 6 of this form.

- The dimensions of the subject land, outline the part that is to be severed in yellow and the part that is to be retained in blue.
- The dimensions of any land owned by the owner of the subject land and that abuts the subject land, the distance between the subject land and the nearest Township lot line or landmark, such as a railway crossing or bridge.
- The location of all land previously severed from the parcel originally acquired by the current owner of the subject land.
- The approximate location of all natural and artificial features on the subject land and adjacent lands that in the opinion of the applicant may affect the application, such as buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded areas, wells and septic tanks.
- The existing use(s) on adjacent lands.
- The location, width and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public travelled road, a private road or right-of-way.
- If access to the subject land is by water only, the location of the parking or boat docking facilities to be used.
- The location and nature of any easement affecting the subject land.

16. OTHER INFORMATION: Is there any other information that you think may be useful to the Consent Granting Authority or other agencies in reviewing this application? If so, explain below or attach a separate page.

NOTE: If joint ownership, each individual signature is required.

17. AFFIDAVIT:

I/WE, _____ of the _____

in the _____ solemnly declare that all the statements contained in this application are true and that the information contained in the documents that accompany this application is true.

Declared before me at the _____ in the _____

This _____ day of _____, _____.

Signature of Owner or Agent

(print name)

Signature of Owner or Agent

(print name)

A Commissioner of Oaths

18. AUTHORIZATION:

If the applicant is not the owner of the land that is the subject of this application, the owner must complete the following or a similar authorization attached to the consent application.

Authorization of Owner for Agent to make the application and to provide Personal Information

I/WE, _____, being the registered owner(s) of the lands subject of this

application for consent hereby authorize _____ to prepare and submit this application on my/our behalf and, for the purposes of the Freedom of Information and Protection of Privacy Act, to provide any of my/our personal information that will be included in this application or collected during the process of the application.

Date _____

Signature of Owner

(print name)

Signature of Owner

(print name)

19. **CONSENT OF OWNER:** The owner must also complete the following or a similar authorization attached to the application.

Consent of Owner(s) to the Use and Disclosure of Personal Information and to Allow Site Visits to be conducted.

I/We, _____, being the registered owner(s) of the lands subject of this application for consent, and for the purpose of the **Freedom of Information and Protection of Privacy Act**, hereby 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. I/We also authorize and consent to representatives of the Consent Granting Authority and the persons and public bodies conferred with under Section 53(10) of the **Planning Act** entering upon the lands subject of this application for the purpose of conducting any site inspections as may be necessary to assist in the evaluation of the application.

Date _____

Signature of Owner or Agent

(print name)

Signature of Owner or Agent

(print name)

The Consent Granting Authority will assign a File Number for complete applications and this should be used in all communications.

FOLLOWING CONSULTATION PLEASE SCHEDULE AN APPOINTMENT WITH A COMPLETED APPLICATION AND ALL REQUIRED INFORMATION WITH THE:

**SECRETARY-TREASURER,
CONSENT GRANTING AUTHORITY**

25 CENTRAL AVENUE WEST, SUITE 100; BROCKVILLE, ONTARIO, K6V 4N6

TELEPHONE NO: 613-342-3840 – EXT. 2414

FAX NO: 613-342-2101

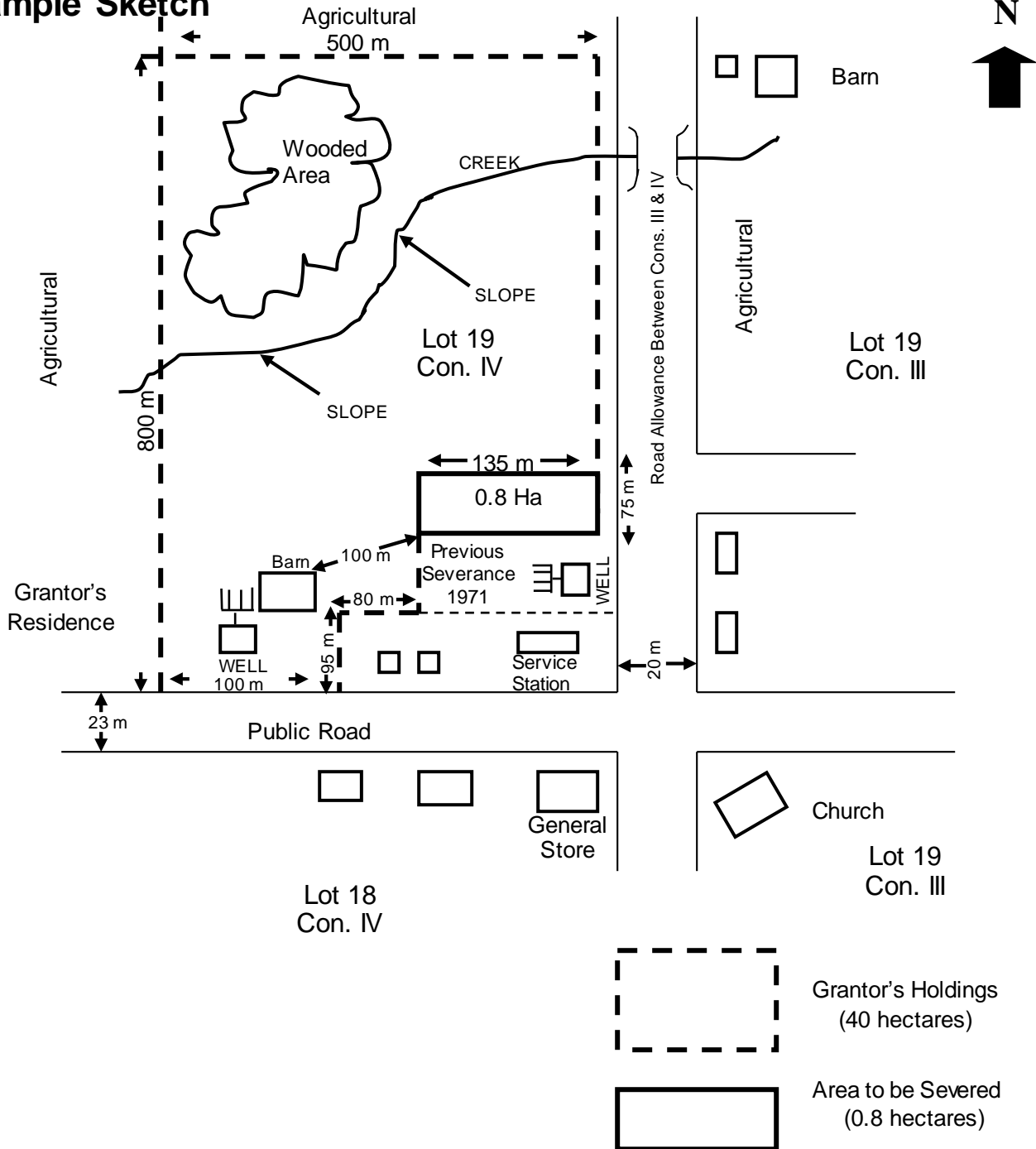
Applicant's Checklist: Have you remembered to attach:

1. 1 Copy of the completed application form
2. 1 Copy of the sketch with required details
3. Cheque payable to United Counties of Leeds & Grenville
4. Cheque payable to Leeds, Grenville & Lanark Health Unit
5. Cheque payable to appropriate Conservation Authority
6. Cheque payable to appropriate Municipality
7. Call to make an appointment - 613-342-3840 – EXT. 2414
8. Completion of Conservation & Health Unit forms

YES

N/A

Sample Sketch



Head Office
458 Laurier Blvd.
Brockville, ON
K6V 7A3
Tel: (613) 345-5685
Fax: (613) 345-2879

**LEEDS, GRENVILLE AND LANARK
DISTRICT HEALTH UNIT**

25 Johnston St
Smith Falls, ON
K7A 1W3
Tel: (613) 283-2740
Fax: (613) 283-1679

**NOTICE TO APPLICANTS
Re: Land Severance Applications**

On receipt of your application(s) from the Consent Granting Authority, the Health Unit's Chief Building Official will assess each application to determine the fee for service.

The fee for service for the first application is \$443.00 and \$180.00 for each subsequent application. Multiple applications must be submitted together and pertain to a single land holding.

When you return your application to the Secretary-Treasurer of the Consent Granting Authority, please indicate on the tear off form below the following:

- 1. Directions to the proposed lot(s).**
- 2. Indicate that property markers have been posted in a conspicuous place.**
- 3. That the front corners of the lot(s) have been identified.**

If you require further information, please do not hesitate to contact the appropriate Health Unit office.

Yours truly,

Nancy Carpenter, BASc(EH), CPHI(C)
Chief Building Official
Part VIII Program

Lot Identification Notice

Applicant: _____

Address: _____

Township: _____ Ward: _____ Lot: ____ Conc. ____ Phone # _____

Please check that: Property marker is posted. Front lot corners are identified.

Directions to lot(s) _____

Please submit with application to the Secretary-Treasurer of the Consent Granting Authority with payment