

## APPLICATION FOR VALIDATION OF TITLE

(SECTION 57, PLANNING ACT)

e Complete:	D BY THE PLANNING DEF	Fee Rec'd:		File No.:	
Ownership I	nformation:				
Name of Prope	rty Owner:				
Address (includ	e postal code):				
Phone No.:	Cell 1	 No.:	Fax No.:	Email:	
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• !! 4 Im	*				
Applicant in	formation: (Note: If the	ne applicant is an au	uthorized agent, Sectior	n 17 of this application must be comp	pleted.)
Name of Applic	ant:				
Address (includ	e postal code):				
Phone No.:	Cell i	No.:	Fax No.:	Email:	
To Whom is all	correspondence to be di	rected? Owner	☐ Applicant ☐	,	
Legal descr	iption of the subject	t land including		ch a copy of deed if available and in	iclude any ab
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i) provincial highway, namely: ii) municipal road, namely: iii) right-of-way, namely: iii) right-of-way, namely: iv) water, namely:  If access to subject land is by water only, indicate the parking and docking facilities used or to be used and the approximate distance of these facilitie from the subject land or the nearest public road:    Municipally owned and operated pipe water system   Municipally owned and operated sanitary sewers
. Number and uses(s) of existing building(s) and structure(s) on Subject Lands:  . What type of access is available?  i) provincial highway, namely: ii) municipal road, namely: iii) right-of-way, namely: iii) right-of-way, namely: iv) water, namely:  If access to subject land is by water only, indicate the parking and docking facilities used or to be used and the approximate distance of these facilities to the subject land or the nearest public road:  O. What type of water supply and sewage disposal are proposed:    Municipally owned and operated pipe water system   Municipally owned and operated sanitary sewers
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☐ Municipally owned and operated sanitary sewers
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☐ Municipally owned and operated sanitary sewers
□ Lake
□ Well
□ Septic System
☐ Other
1. Official Plan Designation of subject lands:
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2. Zone of subject lands (as per City of Brockville Zoning By-law 194-94, as amended):

f yes, specify the file nur	mber of the ap	plication(s) and status, if known:	
Minor Variance	File No.	Status:	
Official Plan Amendment	File No.	Status:	
Zoning By-law Amendment	File No.	Status:	
Consent:	File No.	Status:	
Plan of Subdivision	File No.	Status:	
Other:	File No.	Status	
Please describe the natu	ire of the cont	ravention: (attach schedule if required)	
ne boundaries and dime ocation and description o	ensions of the of all existing b	r Report or a sketch, drawn to scale, on subject land, the designation of adjaceruildings and structures located on the produced on the produced reference plan of the subject property s	nt properties, roads, lands, etc. and the operty along with setbacks to the property
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b) If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the agent is authorized to provide personal information respecting the owner must be included with this form or the authorization set out below must be completed.

Authoriza	tion of Owner for Agent to Provide  Personal Information
l,	, am the owner of the land that is the subject of this application for a
consent and for the purpose of	of the Freedom of Information and Protection of Privacy Act, I
authorize	, as my agent for this application, to provide any of my personal
information that will be included	in this application or collected during the processing of the application.
Date:	Signature of Owner:

## 18. Consent of the Owner:

The written authorization of the owner concerning the use and disclosure of personal information must be included with this form or the authorization set out below must be completed.

Consent of the Owner to the Use and Disclosure of Personal Information
I,, am the owner of the land that is the subject of this application
for a consent and for the purpose 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.
Date: Signature of Owner:

## 19. Declaration:

Declaration of Applicant					
I, of the (Name of Applicant) (Name of City, Town, Township, etc.)					
(Name of Applicant)	(Name of City, Town, Township, etc.)				
in the so (Region, County, District)	elemnly declare that all the statements contained in				
this application and all supporting documents are true a conscientiously believing it to be true, and knowing that it is oby virtue of the "Canada Evidence Act".					
Declared before me:					
in the Municipality of					
Region/County/District of					
this, 201					
Commissioner of Oaths, etc.	Signature of Applicant/Authorized Agent				