

# MUNICIPALITÉ • EAST FERRIS • MUNICIPALITY



390 HIGHWAY 94, CORBEIL, ONTARIO P0H 1K0  
TEL.: (705) 752-2740 FAX.: (705) 752-2452

## APPLICATION FOR CONSENT UNDER SECTION 53 OF THE PLANNING ACT

APPLICATION FEE: \$1000.00 (made payable to the Municipality of East Ferris by cheque or cash). All fees are non-refundable. If approved there is a \$250.00 Finalization Fee and a 5% Parkland Dedication Fee, or in the Rural and Village area \$250.00 fee. It is required that two (2) copies of the application be filed together with sketches with the Secretary-Treasurer of the Municipality of East Ferris and be accompanied by the fee. In accordance with Section 1.0.1 of the Planning Act, R.S.O. 1990 information and material required to be provided to a municipality or approval authority as part of this application shall be considered public information and shall be made available to the public. The consent application framework is formally established in the Ontario Planning Act R.S.O. 1990, c.P.13. Failure to submit all of the required information may prevent or delay the consideration of the application.

### 1. APPLICANT INFORMATION

Owner(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Town/Village/Hamlet: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Municipal Address of Lands affected (911 number): \_\_\_\_\_

Authorized Agent/Applicant Solicitor (if any): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Village: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Specify to whom all communications should be sent (check appropriate space):

Owner  Agent  Solicitor  Both

**1B. NAME(S) AND ADDRESS(ES) OF ANY MORTGAGE COMPANIES, HOLDERS OF CHARGES OR OTHER ENCUMBRANCES RELATED TO THE SUBJECT LANDS:**

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**2. PURPOSE OF THE APPLICATION:**

Type and purpose of Transaction (Check appropriate space)

Conveyance:

New Lot       Right of Way  Lot Addition  Easement

Other:

Charge       Lease  Validation of Title       Partial Discharge of Mortgage

Name of Person(s) (purchaser, lease, mortgage, etc.) to whom land or interest in land is to be conveyed, leased or mortgaged (if known): \_\_\_\_\_

Relationship (if any) of person(s) named above (specify nature of relationship):

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**3. LOCATION OF SUBJECT LAND:**

Lot(s) \_\_\_\_\_ Concession No(s). \_\_\_\_\_ Registered Plan (Subdivision) No. \_\_\_\_\_

Lot(s) (No.(s)) \_\_\_\_\_ Reference Plan (Survey) No. \_\_\_\_\_ Part(s) \_\_\_\_\_

Parcel(s) \_\_\_\_\_ Hamlet (Asterville, Corbeil, Derland) \_\_\_\_\_

Are there any easements or restrictive covenants affecting the subject land?

Yes

No

Please Describe: \_\_\_\_\_

**4. HISTORY OF SUBJECT LAND:**

Has the land been severed from the parcel originally acquired by the owner?

Yes       No

If "yes", number of parcels created \_\_\_\_\_

Date parcel(s) created \_\_\_\_\_

User(s) of Parcel(s) \_\_\_\_\_

Name(s) of Transferee(s) \_\_\_\_\_

**5. DESCRIPTION OF SUBJECT LAND TO BE SEVERED:**

Frontage: \_\_\_\_\_ Depth: \_\_\_\_\_ Area: \_\_\_\_\_

Existing Use(s): \_\_\_\_\_

Number of Buildings and Structures (existing) on land to be severed: \_\_\_\_\_

Use(s) of Buildings and Structures (existing) on land to be severed: \_\_\_\_\_

\_\_\_\_\_

Particulars of all building(s) and structure(s) (Existing) on the land to be **Severed**. Specify the setback distances from the side, rear and front lot lines.

<b>TYPE OF EXISTING BUILDINGS OR STRUCTURES</b>	Side Lot Line	Side Lot Line	Front Lot Line	Rear Lot Line

Not Applicable (please check if there are no existing building(s) or structure(s))

Proposed Use(s): \_\_\_\_\_

Number of Buildings and Structures (proposed) on land to be severed: \_\_\_\_\_

Use(s) of Buildings and Structures (proposed) on land to be severed: \_\_\_\_\_

\_\_\_\_\_

Particulars of all building(s) and structure(s) (Proposed) on the land to be **Severed**. Specify the setback distances from the side, rear and front lot lines.

<b>TYPE OF PROPOSED BUILDINGS OR STRUCTURES</b>	Side Lot Line	Side Lot Line	Front Lot Line	Rear Lot Line

Not Applicable (please check if there are no proposed building(s) or structure(s))

**6. DESCRIPTION OF SUBJECT LAND TO BE RETAINED:**

Frontage: \_\_\_\_\_ Depth: \_\_\_\_\_ Area \_\_\_\_\_

Existing Use(s): \_\_\_\_\_

Number of Buildings and Structures (existing) on land to be retained: \_\_\_\_\_

Use(s) of Buildings and Structures (existing) on land to be retained:

\_\_\_\_\_

Particulars of all building(s) and structure(s) (Existing) on the land to be **retained**. Specify the setback distances from the side, rear and front lot lines.

<b>TYPE OF EXISTING BUILDINGS OR STRUCTURES</b>	Side Lot Line	Side Lot Line	Front Lot Line	Rear Lot Line

Not Applicable (please check if there are no existing building(s) or structure(s))

Proposed Use(s): \_\_\_\_\_

Number of Buildings and Structures (proposed) on land to be retained: \_\_\_\_\_

Use(s) of Buildings and Structures (proposed) on land to be retained:

\_\_\_\_\_

Particulars of all building(s) and structure(s) (Proposed) on the land to be **Retained**. Specify the setback distances from the side, rear and front lot lines.

<b>TYPE OF PROPOSED BUILDINGS OR STRUCTURES</b>	Side Lot Line	Side Lot Line	Front Lot Line	Rear Lot Line

Not Applicable (please check if there are no proposed building(s) or structure(s))

**7. SERVICES (PLEASE CHECK ALL THAT APPLY):**

<u>A. Water Supply:</u>	Severed	Retained
Municipally owned and Operated (Individual)	<input type="checkbox"/>	<input type="checkbox"/>
Privately owned and operated (Communal)	<input type="checkbox"/>	<input type="checkbox"/>
Lake	<input type="checkbox"/>	<input type="checkbox"/>
Dug Well	<input type="checkbox"/>	<input type="checkbox"/>
Drilled Well	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
 <u>B. Sewage Disposal:</u>	 Severed	 Retained
Municipally owned Operated (Individual)	<input type="checkbox"/>	<input type="checkbox"/>
Privately owned and Operated (Communal)	<input type="checkbox"/>	<input type="checkbox"/>
Septic Tank/Field Bed	<input type="checkbox"/>	<input type="checkbox"/>
Holding Tank	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
 <u>C. Access:</u>	 Severed	 Retained
Unopened Road Allowance	<input type="checkbox"/>	<input type="checkbox"/>
Open Municipal Road (Public Road)	<input type="checkbox"/>	<input type="checkbox"/>
Private Right of Way	<input type="checkbox"/>	<input type="checkbox"/>
Provincial Highway	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Name of Road/Street: _____		
Is Access only by water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer to the above question was "yes" describe the boat docking facilities to be Used and the approximate distance of these facilities from the subject land and the nearest opened public road: _____		
 <u>C. Storm Drainage:</u>	 Severed	 Retained
Sewers	<input type="checkbox"/>	<input type="checkbox"/>
Ditches	<input type="checkbox"/>	<input type="checkbox"/>
Swales	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>
_____		

**8. PRESENT OFFICIAL PLAN DESIGNATION (PLEASE CONTACT PLANNING & DEVELOPMENT STAFF):**

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**9. PRESENT ZONING BY-LAW PROVISIONS APPLYING TO LAND (ZONING OF SUBJECT LAND) (PLEASE CONTACT PLANNING STAFF):**

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**10. ZONING BY-LAW NUMBER (PLEASE CONTACT PLANNING STAFF):**

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**11. WHAT IS THE PROPOSED ZONING OF THE LAND INTENDED TO BE SEVERED?**

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**12. IF KNOWN, HAVE THE LANDS:**

A) Ever been, or is now, part of an application for:

I) Official Plan Amendment?

Yes                       No                       Unknown

If 'yes', file # \_\_\_\_\_ Status of Application \_\_\_\_\_

II) Plan of Subdivision?

Yes                       No                       Unknown

If 'yes', file # \_\_\_\_\_ Status of Application \_\_\_\_\_

III) Consent?

Yes                       No                       Unknown

If 'yes', file # \_\_\_\_\_ Status of Application \_\_\_\_\_

IV) Rezoning?

Yes                       No                       Unknown

If 'yes', file # \_\_\_\_\_ Status of Application \_\_\_\_\_

V) Minor Variance?

Yes                       No                       Unknown

If 'yes', file # \_\_\_\_\_ Status of Application \_\_\_\_\_

B. Ever been the subject of a Minister's Zoning Order?

Yes                       No                       Unknown

If 'yes', what is the Ontario Regulation Number \_\_\_\_\_

**13. IS THE SUBJECT LAND (SEVERED AND RETAINED) WITHIN AN AREA OF LAND DESIGNATED UNDER ANY PROVINCIAL PLAN OR PLANS?**

Yes                       No

Name of Plan(s): \_\_\_\_\_

**14. IF THE ANSWER TO THE ABOVE IS "YES", DOES THE APPLICATION CONFORM TO OR DOES NOT CONFLICT WITH THE APPLICABLE PROVINCIAL PLAN OR PLANS?**

Yes                       No

Name of Plan(s): \_\_\_\_\_

**15. IS THE APPLICATION FOR CONSENT CONSISTENT WITH THE PROVINCIAL POLICY STATEMENTS ISSUED UNDER SUBSECTION 3(1) OF THE PLANNING ACT?**

Yes                       No

**16. IF THE ANSWER TO THE ABOVE IS "YES", DOES THE APPLICATION CONFORM TO OR DOES NOT CONFLICT WITH THE APPLICABLE PROVINCIAL PLAN OR PLANS?**

Yes                       No

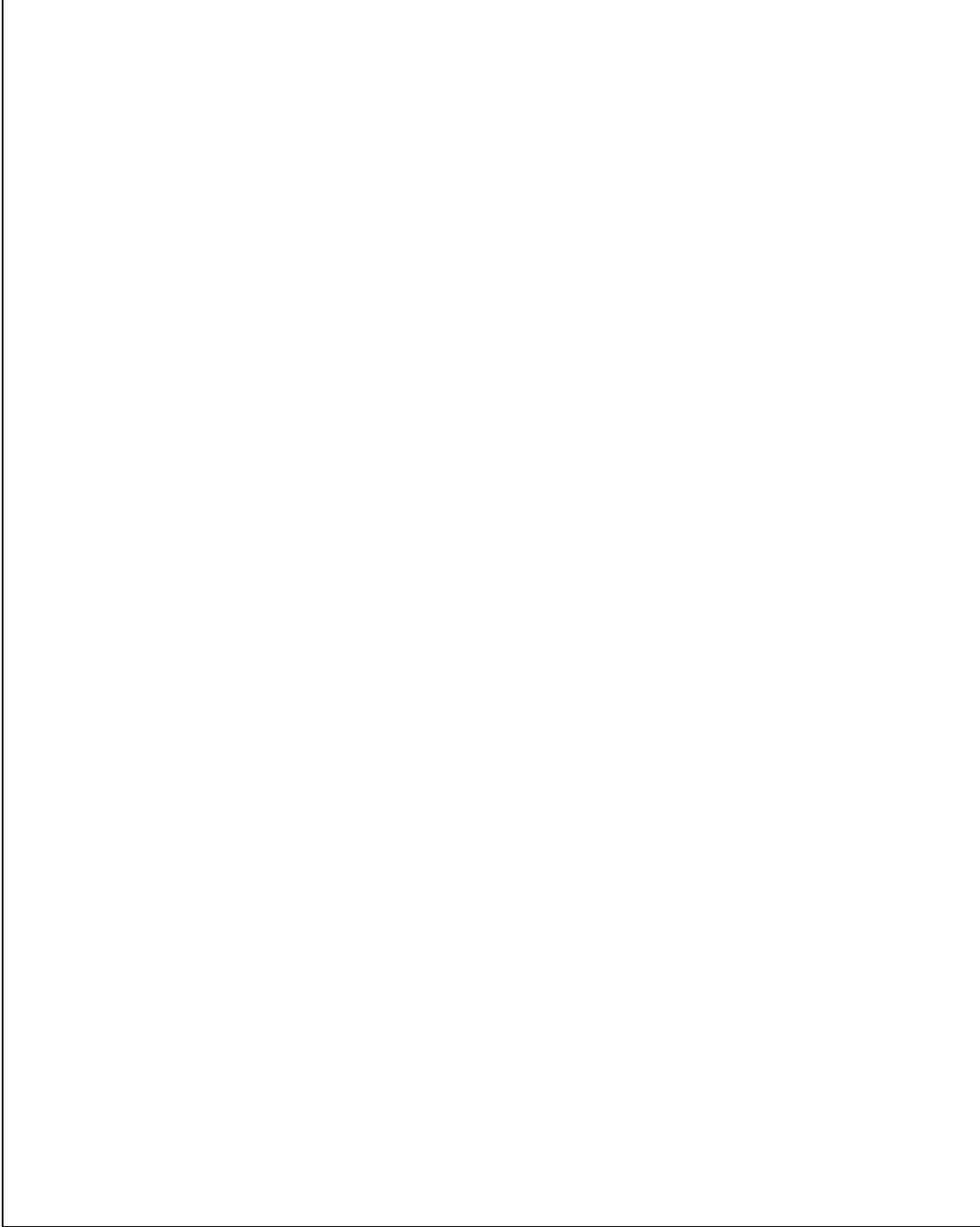
**17. DO YOU HAVE ANY KNOWLEDGE OF ENDANGERED SPECIES OR SPECIES AT RISK OR KNOWLEDGE OF POTENTIAL HABITAT FOR SUCH SPECIES ON THE SUBJECT LAND OR ADJACENT LANDS?**

Yes                       No

If "yes", please explain: \_\_\_\_\_

**18. APPLICANTS MUST PROVIDE A SIGNED LETTER OR CONTRACT FROM A SEPTIC HAULER FOR CONFIRMATION OF CAPACITY FOR HAULED SEWAGE (SEPTIC HAULER OF YOUR CHOICE).**

**19. REQUIRED SKETCH (return this sketch with application form. Without a sketch, an application form cannot be processed.)**

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch. The box is oriented vertically and occupies most of the page's width and height.



**20. AFFIDAVIT OR SWORN DECLARATION**

I/We \_\_\_\_\_ of the \_\_\_\_\_  
of \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_

Solemnly declare that:  
All the above statements and the statements contained in all of the exhibits transmitted  
herewithin are true, and I/We 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.

DECLARED before me at the \_\_\_\_\_ of \_\_\_\_\_  
in the \_\_\_\_\_ of \_\_\_\_\_ this \_\_\_\_\_  
day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
A Commissioner etc.

\_\_\_\_\_  
Signature of Applicant, Solicitor,  
Authorized Agent

\_\_\_\_\_  
A Commissioner etc.

\_\_\_\_\_  
Signature of Applicant, Solicitor,  
Authorized Agent

**21. AUTHORIZATION**

Consent of the owner(s) to the use and disclosure of personal information

I/We \_\_\_\_\_ am/are the owner(s) of  
the land that is the subject of this consent application for the purposes of the Freedom of  
Information and Privacy Act I/We 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 sole purposes of processing this application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

**22. AUTHORIZATION OF OWNER FOR AGENT TO MAKE THE APPLICATION AND TO PROVIDE PERSONAL INFORMATION**

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 applicant is authorized to make the application must be included with this form or the authorization set out below must be completed.

I/We \_\_\_\_\_ am/are the owner(s) of the land that is the subject of this application for a consent and I/We authorize \_\_\_\_\_ to make 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 personal information that will be included in this application or collected during the processing of this application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

**23. CONSENT OF OWNER – SITE INSPECTION**

I/We \_\_\_\_\_ am/are the owner(s) of the land that is the subject of this application for a consent and I/We authorize Municipal Staff, Committee Members, and Council members to enter onto the property to gather information necessary (e.g. site inspection, photos, video etc.) for assessing this application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

For Office Use Only:  Date Complete application was received: _____  File No. _____ Date Stamp:    
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