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Office Use Only	Submission Date:
File Number: D10-	Date Deemed Complete:
Roll #: 1411	Meeting Date:

Application for Consent

Complete applications must include all fees. *Note: Fees are non-refundable.*
Incomplete applications will not be accepted and will be returned to the Applicant / Agent.

Pre-consultation Reference #: _____

- ☐ A professional sketch in metric prepared by an Ontario Land Surveyor is enclosed. (see Section 18)
- ☐ Proof that the lot existed in its present form prior to January 1, 1985, is enclosed (a copy of the current deed and a survey predating January 1, 1985, or the PIN sheet, or a title search performed by legal counsel).
- ☐ It is acknowledged that a site visit will likely be conducted by members of the Committee of Adjustment, Staff, and/or other agents. By signing below, the owner agrees to allow these agents, staff, committee and/or Council members access to the property in the review of this application. It is acknowledged that the proposed severed and retained lots must be clearly staked prior to any site visits.
- ☐ It is acknowledged that the members of Committee of Adjustment must hear all information at the public meeting without prejudice and therefore, must not discuss any applications prior to meeting.
- ☐ If applicable a Minimum Distance Separation calculation has been submitted (See Section 7, page 6)
- ☐ If the property in question is held in joint tenancy, both parties must sign the application in the presence of a Commissioner of Oaths (See Section 19, page 10)
- ☐ If the owner is not the applicant, written authorization to the applicant is required and enclosed. (See Attachment 1, page 11)
- ☐ Ensure that all sections in the application forms are completed.
- ☐ Applicant acknowledges that they will be required to post a sign on the property for a minimum of 14 days prior to the public hearing date.
- ☐ All applicable supporting documents have been submitted. (EIS, etc.)

Date

Signature of Owner



The Corporation of the Township of Cramahe Application for Consent

As per the Planning Act, as amended, the Municipal Act 2001,
as amended and in accordance with the Provincial regulations.

Instructions to applicant, please read carefully before completing the application.

- A. It is the policy of The Township of Cramahe that a separate application with applicable fees be submitted for **each** consent transaction.
To make an application, complete and file one (1) signed original application forms together with one (1) copy of all supporting documents, and one (1) professional sketch depicting the severed and retained lands. The submitted professional sketch must be completed by an Ontario Land Surveyor (OLS).

All supporting documents and sketches can be submitted in digital form.

Note to applicant: All questions (unless otherwise indicated) in the application must be completed in full otherwise the application will not be deemed complete and returned to you. Please mark all irrelevant sections Not Applicable (N/A).

- B. In accordance with the Township of Cramahe's Fees and Charges By-Law, application processing fees apply at the time of submission.
To obtain the most up to date fees information contact the Planning Department at:
905-355-2821 ext: 227 or 242
or visit our website <http://www.cramahe.ca> →Municipal Government →Planning and Land Use→
Planning Fee Schedule

- C. The Undersigned hereby applies to the Township of Cramahe under the Planning Act, as amended for consent to the transaction as described, and to the extent set forth in this application.

- D. Please note the application together with any and all documents related thereto are a public record and as such are available for viewing or duplication by the general public.



**The Corporation of the Township of Cramahe
Application for Consent**

1. Owner and Applicant Information

An Owner of land or the owner's agent, duly authorized in writing, may apply for consent.
Complete the information below (please print legibly in blue or black ink)

Owner #1:

Owner #2:

Name: _____

Address: _____

City/Postal Code: _____

Phone: _____

Email: _____

Authorized Agent:

Primary Contact:

Name: _____

Address: _____

City/Postal Code: _____

Phone: _____

Email: _____

2. Type of Transaction: Indicate for which application for consent is being made:

Please select only **one (1)** of the following:

☐

a) Creation of new lot

Are you requesting a Certificate Stamp for both the severed and retained lands?

☐

Yes

☐

No

Please note that if you answer "Yes", an **additional** Certificate Stamping Fees may apply

☐

b) Addition to a lot – moving/adjusting lot lines

Indicate direction to which the severed parcel will be added:

☐

North

☐

East

☐

South

☐

West

Note: For Lot Line Adjustments only, please also complete the section below:

Name, address, and phone number of the person(s) to whom the land is intended to be transferred.

Name: _____

Mailing Address: _____

Phone: _____

Assessment Roll Number of Benefiting Property: 1411 _____

Other transaction types (please select if applicable)

☐ c) Easement/Right-of-way (Identify the benefiting lands – North/East/South/West)

☐ d) Lease

☐ e) Correction of Title

☐ f) Mortgage or Charge

☐ g) Other e.g. Validation Certificate, Approval of Power of Sale/Foreclosure of Mortgage

Please Specify: _____

3. Property Information of Subject Lands:

Legal Description including Lot and Concession: _____

Municipal Address, if applicable: _____

Assessment Roll Number: 1411 _____

4. Existing easement/rights-of-ways or covenants:

☐ Yes ☐ No

If Yes, please describe below in detail:

Describe Existing Easement	Severed Lands	Retained Lands

5. Dimensions of Lands in Metric Units

(MUST accurately match dimension noted on submitted sketch)

	Severed/Servient Lands – Part #:	Retained Lands – Part #:
Frontage		
Total Area (m ² or ha)		

Office Use Only	
Official Plan Designation:	Zoning:

6. Use of Land (check which designation applies)				
	Severed Lands		Retained Lands	
	Existing	Proposed	Existing	Proposed
Urban	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commercial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agricultural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rural Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hamlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Home Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify) _____				
List the number and type of existing and proposed buildings and structures on the lands				
Type of Service	Municipal	Private	Municipal	Private
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Agricultural Information

Agricultural Code of Practise – Minimum Distance Separation (MDS)

Is the purpose of the severance to dispose of a surplus farm dwelling? Yes No
If Yes, a Minimum Distance Separation is not required. If No, proceed.

Is there a livestock barn or manure storage facility located within 750 metres of the severed land?
Yes No

If Yes, please complete an MDS calculation for each existing livestock facility within 750m of the subject land and submit it with the application. This can be completed by a hired agent that specializes in MDS requirements or by using the online AgriSuite software:

<https://www.ontario.ca/page/minimum-distance-separation-mds-formulae>

If Yes, provide addresses/locations of the existing facilities: _____

8. Has there ever been an application for consent by the current or previous owners on this parcel of land?

☐ Yes ☐ No

If Yes,

File No.: _____

For what use?: _____

Date of transfer, name of transferee and land use: _____

9. Has the parcel to be severed or retained ever submitted an application for a plan of subdivision?

☐ Yes ☐ No

If Yes, specify date and File No.: _____

Status of File: _____

10. Has the severed or retained land ever been the subject of a variance, zoning amendment, Minister's zoning order amendment or official plan amendment application?

☐ Yes ☐ No

If Yes, specify date and File No.: _____

Type of application: _____

Status of File: _____

Staff or Agent Use**11. Township Official Plan Designation**

Severed Land: __Rural_____

Retained Land: ____Rural & Provincially Significant Wetland

Northumberland County Official Plan Designation

Severed Land: Rural

Retained Land: Rural & Environmental Protection Area

12. Zoning

Severed Land: Special Rural 240 (RU-240) Zone

Retained Land: Special Rural 240 (RU-240) Zone

13. Is the application consistent with the Provincial Policy Statement?☒ Yes ☐ No**14. Is the subject land within an area of land designated under the Oak Ridges Moraine Conservation Plan?**☐ Yes ☒ No

If Yes, please specify whether the application conforms to or does not conflict with the Oak Ridges Moraine Conservation Plan _____

_____**15. Please specify whether the application conforms to or does not conflict with the Growth Plan for the Greater Golden Horseshoe: __N/A_____**_____

16. Property Frontage:	Severed Land	Retained Land
a) Municipal Road	<input type="checkbox"/>	<input type="checkbox"/>
B) County Road	<input type="checkbox"/>	<input type="checkbox"/>
c) Unopened Road Allowance	<input type="checkbox"/>	<input type="checkbox"/>
d) Right-of-Way	<input type="checkbox"/>	<input type="checkbox"/>
e) Other:	<input type="checkbox"/>	<input type="checkbox"/>
State name(s) of Road(s)		

17. **Is access by water?** If Yes, additional information may be required.

☐ Yes ☐ No

18. **Required Sketch**

The applicant shall attach to this application a professional sketch completed by an Ontario Land Surveyor showing the following:

- ☐ Lot boundaries should be of proportionate depth, width and be of regular shape.
- ☐ The boundaries and dimensions of the subject land, the part that is intended to be severed and the part that is intended to be retained.
- ☐ The boundaries and dimensions of any land abutting the subject land that is owned by the owner of the subject land.
- ☐ The approximate distance between the subject land, and the nearest township lot line or landmark, such as a bridge or railway crossing.
- ☐ The approximate location of all natural and artificial features (for example, buildings, railways, roads, watercourses, drainage ditches, banks or rivers or streams, wetlands, wooded areas, wells and septic tanks) that are located on the subject land and on land that is adjacent to it and in the applicant's opinion, may affect the application.
- ☐ The use of adjacent lands (i.e. residential, agricultural, commercial, etc.)
- ☐ 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 a right-of-way.
- ☐ If access to the subject land will be by water only, the location of the parking and boat docking facility used.
- ☐ The location and nature of any easement affecting the subject land.
- ☐ The boundaries and dimensions of leases, mortgages, etc., existing and being applied for on the subject land and the boundaries and dimensions of any easements, rights-of-way, leases, mortgages, etc., existing or being applied for on the retained land.

Please Note: All dimensions on the submitted sketch are final once Committee grants conditional approval.

Finalization of Consent:

Once all of the conditions contained in the Committee's Decision are fully satisfied, the applicant's solicitor must prepare and forward the legal document(s) with any additional applicable fees to the Township of Cramahe Planning Department.

For most applications (lot line adjustments and/or new lots) the legal documents, as prepared by a solicitor, shall include the following documents in triplicate:

1. Draft of the complete Transfer/Deed of Land.
2. Acknowledgment and Direction document signed by all owners; and
3. Schedule "A" Certificate for stamping (the full legal description of the "severed" lands)

The legal document(s) is/are to contain a registrable description satisfactory to the Registrar in keeping with the current requirements of the Registry Act.

The document(s) will be returned to the solicitor for registration purposes.

This application must be submitted to:

The Township of Cramahe
c/o Planning Department
1 Toronto Street,
Colborne, ON
K0K 1S0

Phone: 905-355-2821 ext: 227 or 242

19. Affidavit or Sworn Declaration

Note: All applicants shall ensure that a “complete application” under the Planning Act has been made before completing this declaration. Please do not sign until you are witnessed by a Commissioner.

This section is to be completed by the owner or authorized agent – if done by the authorized agent, please fill out the Authorization Section as well.

I, _____ of the Township of Cramahe in the County of Northumberland solemnly declare that all statements contained in this application and all exhibits transmitted, herewith, 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 virtue of “The Canada Evidence Act.”

And further, I hereby agree to bear the cost of all consulting planning, engineering, legal and registration fees related to this application as deemed necessary by the municipality on request, to be applied to such costs, and for which the municipality will account.

Sworn (or declared) before me at the
Township of Cramahe in the
County of Northumberland this

_____ day of _____, _____.

Commissioner of Oaths

Applicant

Applicant

Applicant

Applicant



**Attachment #1
Authorization of Agent**

This must be completed if an agent is to be authorized to submit the application and to represent the owner. **This form must be signed by the owner.**

Authorization of Owner for Agent to make the application.

Address of Subject Property: _____

Name of Registered Owner(s): _____

Application for Consent (list transaction type): _____

As of the date of this application, I am the registered owner of the lands described in this application, and I have examined the contents of this application and hereby certify that the information submitted with the application is correct insofar as I have knowledge of these facts, and I authorize the submission of this application on my behalf.

Name of Authorized Agent(s)

Date

Signature of Owner