

Planning & Building Department
Telephone: (519) 332-0330
Email: planning@city.sarnia.on.ca



255 North Christina Street
P.O. Box 3018
Sarnia, Ontario
N7T 7N2

CITY OF SARNIA

**EXEMPTION FROM PART LOT CONTROL
APPLICATION FORM**

1. LOCATION OF THE SUBJECT SITE

ADDRESS:

CITY:

POSTAL CODE:

LEGAL DESCRIPTION:

ROLL NUMBER:

2. OWNER OF THE SUBJECT SITE

NAME:

CONTACT NAME (if applicable):

ADDRESS:

CITY:

POSTAL CODE:

PHONE NO.:

FAX NO.:

E-MAIL ADDRESS:

3. APPLICANT (required only if different from Owner)

NAME:

ADDRESS:

CITY:

POSTAL CODE:

PHONE NO.:

FAX NO.:

E-MAIL ADDRESS:

4. SOLICITOR

COMPANY NAME:

CONTACT NAME(S):

ADDRESS:

CITY:

POSTAL CODE:

PHONE NO.:

FAX NO.:

E-MAIL ADDRESS:

5. ONTARIO LAND SURVEYOR

COMPANY NAME:

CONTACT NAME(S):

ADDRESS:

CITY:

POSTAL CODE:

PHONE NO.:

FAX NO.:

E-MAIL ADDRESS:

6. ENGINEER

COMPANY NAME:

CONTACT NAME(S):

ADDRESS:

CITY:

POSTAL CODE:

PHONE NO.:

FAX NO.:

E-MAIL ADDRESS:

7. CASH-IN-LIEU OF PARKLAND

Has cash-in-lieu of parkland been paid? Yes ___ No ___

8. NUMBER OF LOTS TO BE CREATED BY TYPE

Semi-detached Units:

Townhouses:

Other (Please Specify):

9. BUILDING PERMITS

Please list any Building Permit Numbers:

By signing this Application you or your agent are authorizing an employee of the City of Sarnia to enter upon your property to take pictures for purposes related to this Application.

A F F I D A V I T

I, _____ of the Town / City of
_____ in the District / Region / County of
_____ solemnly declare that the information
contained in this application and in the documents that accompany this application is true.

Signature of Owner(s), Solicitor, or Authorized Agent

Declared before me at the Town / City of _____ in the
District/Region/County of _____ this ____ day of _____ 20____

If signed by a Solicitor or Agent, written authorization must accompany the application as set out below:

OWNER'S AUTHORIZATION FOR AGENT OR SOLICITOR TO MAKE THIS APPLICATION: (if applicable)

I/We, _____, am/are the registered
owner(s) of the land that is the subject of this application for an exemption from part lot control
and I/we hereby authorize _____
to make this application on my/our behalf.

Date

Signature(s) of the Registered Owner(s)