

EXEMPTION FROM PART LOT CONTROL APPLICATION FORM

Office Use Only	(Date Stamp)	Application Number:
Date Received:		Related Applications:

Application Fees: [See Online Fees Schedule](#)

URL: sarnia.ca/planning-building-department-fees

Method of Payment: Fees can be paid online. Follow the link on the Part Lot Control webpage.

Fees can also be paid by cheque mailed or couriered to City Hall. Fees under \$5000 can be paid by credit or debit card at City Hall or by credit card over the phone.
 (519-332-0330 ext. 3301)

1. LOCATION OF THE SUBJECT SITE

Municipal Address:

City:

Postal Code:

Legal Description (Lot, Plan, Concession):

Assessment Roll Number:

2. CONTACT INFORMATION (Fill out all that are applicable)

Property Owner: Person Corporation

Registered Landowner:

Address: _____

Postal Code: _____ Email: _____

Phone: _____

Applicant (Only required if different from Owner):

Address: _____

Postal Code: _____ Email: _____

Phone: _____

Agent/Consultant:

(Authorized to apply on behalf of the owner)

Address: _____

Postal Code: _____ Email: _____

Phone: _____

Which of the above is the Primary Contact? Owner Applicant Agent

Ontario Land Surveyor:

Company Name: _____

Company Contact: _____

Address: _____

Postal Code: _____ Email: _____

Phone: _____

Engineer:

Company Name: _____

Company Contact: _____

Address: _____

Postal Code: _____ Email: _____

Phone: _____

3. CASH IN-LIEU OF PARKLAND

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

4. NUMBER OF LOTS TO BE CREATED BY TYPE

Semi-detached Units: _____

Townhouses: _____

Other (Please specify): _____

5. BUILDING PERMITS

Please list any Building Permit Numbers:

6. OWNER AUTHORIZATION (if applicable)

With respect to the lands owned by _____
(Print owner's name/corporate signing authority)

known as _____
(Legal description/municipal address of subject lands)

DECLARE that I/We am the registered owner of the lands described in this application, 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 hereby authorize

_____ of _____
(Name of agent) (Name of company)

to act on my/our behalf in this matter. I/We further consent to City of Sarnia staff or a representative thereof, to enter upon the subject lands and premises for the purpose of evaluating the merits of this application and subsequently to conduct any inspections and work on the subject lands and structures that may be required as condition of approval and that the City of Sarnia be authorized to release municipal property tax information to the applicant/agent named within this agreement, for the specific property location referenced within this application.

I/We also acknowledge that the information requested on this form is collected under the authority of the Planning Act, R.S.O. 1990, Chapter P.13, as amended and in the accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act.

(Date)

(Signature of registered landowner)

(Print name)

(Date)

(Signature of registered landowner)

(Print name)

STOP

THE FOLLOWING SECTION MUST BE COMPLETED IN THE PRESENCE OF A COMMISSIONER OF OATHS

7. DECLARATION - TO BE COMPLETED IN THE PRESENCE OF A COMMISSIONER OF OATHS

I/We, _____ of the _____ of _____ in the County of _____ do solemnly declare that all above statements contained in this application and in all of the exhibits submitted are true, and I/we make this solemn declaration conscientiously believing it to be true and knowing that it has the same force and effect as if made under oath and by virtue of the “**CANADA EVIDENCE ACT**”.

SIGNATURE OF OWNER OR AGENT

(To be signed in the presence of a Commissioner of Oaths)

Declared before me at the _____ of _____ in the County of _____ this _____ day of _____ 20____.

A COMMISSIONER, etc.