

DEEMING BY-LAW APPLICATION FORM Under the *Planning Act, R.S.O.* 1990 c. *P.13 as amended*

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 Deeming By-law 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)

Prope	rty Owner:	Person	Corporation		
Regis	tered Landowne	er:			
	Address:				
			Email:		
Applic	ant (Only requi	red if different fro	m Owner):		
	Address:				
	Postal Code: _		Email:		
	Phone:				
Agent	/Solicitor/Consu	ultant:			
	(Authorized to	apply on behalf o	of the owner)		
	Address:				· · · · · · · · · · · · · · · · · · ·
	Postal Code: _		Email:		
	Phone:				
Which	n of the above is	s the Primary Cor	ntact? Owner	Applicant	Agent

Ontario Land Surv	/eyor:		
Company N	Name:		
Company (Company Contact:		
Address: _			
	e:		
Phone:		_	
Engineer:			
Company N	Name:		
Company (Contact:		
Address: _			
Postal Cod	e:	Email:	
Phone:		_	

3. EXISTING AND PROPOSED USES

Identify the existing use of the subject lands:

Identify the proposed use of the subject lands:

4. REASON FOR THE PROPOSAL

Please list any Building Permit Numbers:

6. OWNER AUTHORIZATION (if applicable)

(Name of agent)

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 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				
declare that all above statements contained in this application and in all of the exhibits					
submitted are true, and I/we make this	submitted are true, and I/we make this solemn declaration conscientiously believing it				
to be true and knowing that it has the s	ame force and e	effect as if made under oath			
and by virtue of the "CANADA EVIDE	NCE ACT".				
	SIGNA	TURE OF OWNER OR AGENT			
(To be signe	ed in the presen	ce of a Commissioner of Oaths)			
Declared before me at the					
in the County of	this	day of			
20					
		A COMMISSIONER, etc.			