

_____ OF _____
COMMITTEE OF ADJUSTMENT
APPLICATION FOR VALIDATION OF TITLE
Under Section 57 of the Planning Act, 1996

Office Use Only
Application No. _____
Date Received: _____

PLEASE TYPE OR PRINT

1. Name of Owner(s) _____
Mailing Address _____
Telephone Number (Home) _____ Office _____
Postal Code _____
Name of Owner's solicitor
or authorized agent (if applicable) _____
Address _____
Telephone Number _____ Postal Code _____
Please specify to whom all communications should be sent: Owner Solicitor Agent
2. In whose name is the property registered?

3. When was the property purchased? _____
4. LOCATION OF LAND:
Geographic or Former Township _____
Lot(s) No. _____ and Concession No. _____
Registered Plan No. _____ Lot(s) No. _____
Reference Plan No. _____ Part(s) No. _____
Municipal or 911 Address _____
Assessment Roll Number _____
5. Frontage _____ Depth _____ Area _____
Existing Use _____ Proposed Use _____

Provide any details of the above if necessary _____

6. Has a building permit been issued? _____
7. (a) Has construction commenced? _____
(b) Number and type of buildings and structures. (Please indicate those buildings or structures to be demolished).
Existing _____
Proposed _____

8. Are there any existing restrictions affecting the land holding (i.e. covenants, rights-of-way, easements, etc., or any proposed reservations of interest that will affect the subject land?)

Yes No

If "yes", the details of all such existing restrictions and proposed reservations must be shown on the plan.

.../2

9. Did the previous owner retain any interest in the subject land?

Yes No

If "yes", please give details.

10. Do you have any interest in any abutting parcel of land?

Yes No

If "yes", details must be shown on the plan.

11. Type of road access (specify)

- Municipal Road Year-Round Maintained
- Municipal Road Seasonally Maintained
- Private Road (Existing)
- Private Road (Proposed)
- Provincial Highway
- Water
- Other (Specify): _____

12. What type of **water supply** is proposed? (Check appropriate space)

TYPE

- Municipal Piped Water Supply System
- Lake
- Well
- Other (Specify) _____

13. What type of **sewage disposal** is proposed? (Check appropriate space)

TYPE

- Municipal sewer
- Septic tank
- Pit/Privy
- Other (Specify) _____

Are the above services:

- Existing
- Shared with another building and/or lot (specify) _____
- Proposed upon construction

14. When will water supply and sewage disposal services be available? _____

15. (a) Has the owner severed any land from this holding? Yes No

(b) If the answer to (a) is "Yes", please indicate previous severances on the required sketch and supply the following information for each lot severed.

Grantee's name _____

Relationship (if any) to owner _____

Use of parcel _____ Date parcel created _____

16. Why do you consider your title may require validation?

