

COMMITTEE OF ADJUSTMENT APPLICATION FOR CONSENT

4.0 PROPERTY DESCRIPTION:			
SEVERED:	Lot Frontage: _____ m	Lot Depth: _____ m	Lot Area: _____ m ²
RETAINED:	Lot Frontage: _____ m	Lot Depth: _____ m	Lot Area: _____ m ²
EASEMENT:	Lot Frontage: _____ m	Lot Depth: _____ m	Lot Area: _____ m ²
4.1 USE OF PROPERTY:			
SEVERED:	Existing: _____	Proposed: _____	
RETAINED:	Existing: _____	Proposed: _____	
EASEMENT USE OF: _____			
4.2 BUILDINGS OR STRUCTURES:			
SEVERED:	Existing: _____	Proposed: _____	
RETAINED:	Existing: _____	Proposed: _____	
4.3 ACCESS (please check):			
SEVERED:	<input type="checkbox"/> Municipal Road - Maintained Seasonal or Year-Round (check one) <input type="checkbox"/> Provincial Highway <input type="checkbox"/> Private/Right of Way <input type="checkbox"/> Other (i.e. Water Access)		
RETAINED:	<input type="checkbox"/> Municipal Road - Maintained Seasonal or Year-Round (check one) <input type="checkbox"/> Provincial Highway <input type="checkbox"/> Private/Right of Way <input type="checkbox"/> Other (i.e. Water Access)		
<p>If access to the subject land is by private road, or if "other public road" or "right of way" please indicate below who owns the land or road, who is responsible for its maintenance and whether it is maintained seasonally or all year. If access by water, please indicate the location of the parking and board docking facilities to be used:</p> <p>_____</p>			
4.5 SEWER (please check):			
SEVERED:	<input type="checkbox"/> Municipal <input type="checkbox"/> Well – Private or Communal <input type="checkbox"/> Other (i.e. Lake): _____		
RETAINED:	<input type="checkbox"/> Municipal <input type="checkbox"/> Well – Private or Communal <input type="checkbox"/> Other (i.e. Lake): _____		
<p>* A copy of your health unit certificate of approval or septic use permit must be submitted with this application for review. Please be advised that additional review fees may be applicable to ensure compliance. For more information or to request a copy of this information, please contact the Building Standards Department at (705) 739-4212.</p>			
4.6 WATER (please check):			
SEVERED:	<input type="checkbox"/> Municipal <input type="checkbox"/> Septic – Private or Communal <input type="checkbox"/> Other: _____		
RETAINED:	<input type="checkbox"/> Municipal <input type="checkbox"/> Septic – Private or Communal <input type="checkbox"/> Other: _____		

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5.0 LAND USE AND APPLICATION INFORMATION:
What is the existing official plan designation(s) of the subject land? _____
What is the zoning of the subject land? If the subject land is covered by a Minister's zoning order, what is the Ontario Regulation Number? _____
Has the subject land ever been subject of an application for approval of a plan of subdivision or consent under the <i>Planning Act</i> ? If yes, please provide the application file number and decision made on this application. <input type="checkbox"/> No <input type="checkbox"/> Yes _____
Has any land been severed from the parcel originally acquired by the owner of the subject land? If yes, provide for each parcel severed, the date of transfer, the name of the transferee and the land use. <input type="checkbox"/> No <input type="checkbox"/> Yes _____
If this application is a re-submission of a previous consent application, describe how it has been changed from the original application: _____
Is the subject land currently a proposed Official Plan or Official Plan amendment that has been submitted for approval? If yes, and if known, specify the appropriate file number and status of the application. <input type="checkbox"/> No <input type="checkbox"/> Yes _____
Is the subject land the subject of an application for a zoning by-law amendment, Minister's zoning order amendment, minor variance or approval of a plan of subdivision? If yes, and if known, specify the appropriate file number and status of application. <input type="checkbox"/> No <input type="checkbox"/> Yes _____
Whether the application is consistent with policy statements issued under subsection 3 (1) of the Act. <input type="checkbox"/> No <input type="checkbox"/> Yes
Whether the subject land is within an area of land designated under any provincial plan or plans. If yes, please indicate whether the application conforms to or does not conflict with the applicable provincial plan or plans. <input type="checkbox"/> No <input type="checkbox"/> Yes _____
6.0 OTHER INFORMATION:
Is there any other information that you think may be useful to the Committee of Adjustment or other agencies in reviewing this application? If so, explain below or attach on a separate page. _____ _____ _____ _____

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7.0 SKETCH REQUIREMENTS:

The application shall be accompanied by a sketch showing the following: (Please note the Committee may request a sketch signed by an Ontario Land Surveyor)

- The boundaries and dimensions of the subject land, the part that is to be severed and the part that is to be retained.
- The boundaries and dimensions of any land owned by the owner of the subject land and that abuts the subject land.
- The distance between the subject land and the nearest City lot line or landmark, such as a railway crossing or bridge.
- Location of all land previously severed from the parcel originally acquired by the current owner of the subject land.
- The approximate location of all natural and artificial features on the subject land and adjacent lands that in the opinion of the applicant may affect the application, such as buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded areas, wells and septic tanks.
- The existing use(s) on adjacent lands.
- 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 is by water only, the location of the parking and boat docking facilities to be used.
- The location and nature of any easements affecting the subject land.

8.0 CONSENT OF THE OWNER TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION:

I, _____ am the owner of the land that is the subject of this consent application and for the purpose of the Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Planning Act for the purposes of processing this application.

Print Name

Signature (Owner or Agent)

Date

9.0 AUTHORIZATION OF USING AN AGENT BY OWNER:

I, _____ am the owner of the land that is the subject of this application for a consent and for the purposes of the Freedom of Information and Protection of Privacy Act, I authorize, _____, to make this application on my behalf AND as my agent for this application, to provide any of my personal information that will be included in this application or collected during the process of the application.

Print Name

Signature (Owner)

Date

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10.0 CERTIFICATE OF OFFICIAL:

When two or more parcels are created with an unstipulated consent, a certificate of consent shall be provided to the applicant for the conveyed (severed) land(s). A certificate of consent for the **retained lands** shall be provided upon request only.

Request certificate of consent for retained land: Yes No

The applicant must provide a lawyer's statement that there is no land abutting the subject land that is owned by the owner of the subject land other than land that could be conveyed without contravening section 50 of the Act.

11.0 AFFIDAVIT OR SWORN DECLARATION:

I/WE _____ of the City/Municipality of _____ solemnly declare that the information contained in this application is 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 hereby grant permission to employees for the City of Barrie and its Members of the Committee of Adjustment to attend, photograph and conduct inspections of the lands subject to this application as part of their review and processing of the application.

Signature of Owner/Applicant (seal if any)

Print Name

Signature of Owner/Applicant (seal if any)

Print Name

Dated at the City of Barrie

In the County of Simcoe

This ____ day of _____ 20 ____

Commissioner of Oaths

NOTE: IF THE REGISTERED OWNER IS A CORPORATION, THE CORPORATE SEAL MUST BE AFFIXED TO THIS FORM IN ADDITION TO THE SIGNATURE OF AUTHORIZED SIGNING OFFICERS.



City of Barrie
 Development Services Department - Planning
 70 Collier Street, P.O. Box 400,
 1st Floor, City Hall,
 Barrie, Ontario, L4M 4T5
 (705) 726-4242

Owner Authorization - Planning Applications (Property Owner Consent Form)

I,				
<input type="checkbox"/> Property Owner <input type="checkbox"/> Delegated Official with Signing Authority				
First Name / Last Name (Select one)				
Company Name (if applicable)				
of,				
Street Address	Unit #	City or Town	Province	Postal Code
Telephone No.		Email		

hereby give permission to:

Applicant - First Name / Last Name
Company Name (if applicable)

Authorized Agent - First Name / Last Name
Company Name (if applicable)

to act as my authorized agent to apply for an application(s) for:

Street Address	Unit #	City or Town	Province	Postal Code
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If there are any changes in the above information and/or I wish to withdraw this authorization, I must notify the City of Barrie in writing.

Owner Signature (I have the authority to bind the corporation, where applicable)	Date
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April 2023