

Date of Application:
File No.:

## APPLICATION FOR CONSENT

Council \_\_\_\_\_ in the Town of Espanola \_\_\_\_\_

Name of Owner	Name of Agent(if applicant is an agent authorized by the owner)
Address	Address
Telephone / Email	Telephone / Email

**TYPE – PURPOSE of proposed transaction such as a transfer for the creation of:**

new lot  
 lot addition  
 easement  
 charge  
 lease  
 correction of title  
 Other (specify)

**Name of Person** to whom the land or an interest in the land is to be transferred, charged or leased (if known)

**LEGAL DESCRIPTION of subject land** (such as the municipality, concession, lot, registered plan and lot numbers, reference plan and part numbers and name of street and number)

Note: See reverse of page 4 for details of sketch required.

**EASEMENTS – RESTRICTIVE COVENANTS** affecting the subject land and a description of each easement or covenant and its effect (indicate for each):

Easement/Covenant Description:	Effect:
Easement/Covenant Description:	Effect:

**CURRENT DESIGNATION** of the subject land in any applicable official plan:

**PREVIOUS APPLICATIONS**  
if known, indicate if the subject land has ever been the subject of an application under the Act for:

<input type="checkbox"/> Approval of a plan of subdivision (under sec 51)	File # _____	Status _____
<input type="checkbox"/> Consent (under sec 53)	File # _____	Status _____

**CONCURRENT APPLICATIONS**  
if known, indicate if the subject land is the subject of any other application under the Act for:

<input type="checkbox"/> approval of plan of subdivision	File # _____	Status _____
<input type="checkbox"/> consent	File # _____	Status _____
<input type="checkbox"/> official plan amendment	File # _____	Status _____
<input type="checkbox"/> zoning by-law	File # _____	Status _____
<input type="checkbox"/> minor variance	File # _____	Status _____
<input type="checkbox"/> other (specify)	File # _____	Status _____

**PREVIOUS SEVERANCES – ORIGINAL PARCEL**  
Has any land been severed from the parcel originally acquired by owner?

Yes (specify below)                       No

Date of transfer: \_\_\_\_\_ Name of transferee: \_\_\_\_\_

Land use of the severed land: \_\_\_\_\_

**LAND TO BE SEVERED**

**DIMENSIONS OF LAND** intended to be severed:

Frontage: \_\_\_\_\_ Depth: \_\_\_\_\_ Area: \_\_\_\_\_

**EXISTING USES** of the land:

\_\_\_\_\_

**EXISTING BUILDINGS-STRUCTURES**-Where there are any buildings or structures on the land, indicate for each:

TYPE:	Front lot line setback:	Height:
	Rear lot line setback:	Dimensions:
	Side lot line setback:	Floor Area:
	Side lot line setback:	
TYPE:	Front lot line setback:	Height:
	Rear lot line setback:	Dimensions:
	Side lot line setback:	Floor Area:
	Side lot line setback:	

**PROPOSED USES** of the land:

\_\_\_\_\_

**PROPOSED BUILDINGS-STRUCTURES**-Where there are any buildings or structures on the land, indicate for each:

TYPE:	Front lot line setback:	Height:
	Rear lot line setback:	Dimensions:
	Side lot line setback:	Floor Area:
	Side lot line setback:	
TYPE:	Front lot line setback:	Height:
	Rear lot line setback:	Dimensions:
	Side lot line setback:	Floor Area:
	Side lot line setback:	

**ACCESS**-Access to the land will be by:

- |   |  |
|---|--|
| <input type="checkbox"/> Provincial highway               | <input type="checkbox"/> Municipal road-seasonal |
| <input type="checkbox"/> Municipal road-year round        | <input type="checkbox"/> Right-of-way            |
| <input type="checkbox"/> Other public road(specify) _____ | <input type="checkbox"/> Water                   |

**WATER ACCESS**-Where access to the land will be by water only

Parking facilities (specify) _____	Docking facilities (specify) _____
approx. distance from subject land _____	approx. distance from subject land _____
approx. distance from nearest public road _____	approx. distance from nearest public road _____

**WATER**-Will be provided to the land by:

- |   |  |
|---|--|
| <input type="checkbox"/> Publicly-owned/operated piped water system | <input type="checkbox"/> Lake or other water body    |
| <input type="checkbox"/> Privately-owned/operated individual well   | <input type="checkbox"/> Other means (specify) _____ |
| <input type="checkbox"/> Privately-owned/operated communal well     |  |

**SEWAGE DISPOSAL**-Will be provided to the land by:

- |   |  |
|---|--|
| <input type="checkbox"/> Publicly-owned/operated sanitary sewage system | <input type="checkbox"/> Privately-owned/operated individual septic system |
| <input type="checkbox"/> Privy  | <input type="checkbox"/> Privately-owned/operated communal septic system   |
| <input type="checkbox"/> Other means (specify) _____                    | <input type="checkbox"/>   |

**LAND TO BE RETAINED**

**DIMENSIONS OF LAND** intended to be retained:

Frontage: \_\_\_\_\_ Depth: \_\_\_\_\_ Area: \_\_\_\_\_

**EXISTING USES** of the land:

**EXISTING BUILDINGS-STRUCTURES**-Where there are any buildings or structures on the land, indicate for each:

TYPE:	Front lot line setback:	Height:
	Rear lot line setback:	Dimensions:
	Side lot line setback:	Floor Area:
	Side lot line setback:	
TYPE:	Front lot line setback:	Height:
	Rear lot line setback:	Dimensions:
	Side lot line setback:	Floor Area:
	Side lot line setback:	

**PROPOSED USES** of the land:

**PROPOSED BUILDINGS-STRUCTURES**-Where there are any buildings or structures on the land, indicate for each:

TYPE:	Front lot line setback:	Height:
	Rear lot line setback:	Dimensions:
	Side lot line setback:	Floor Area:
	Side lot line setback:	
TYPE:	Front lot line setback:	Height:
	Rear lot line setback:	Dimensions:
	Side lot line setback:	Floor Area:
	Side lot line setback:	

**ACCESS**-Access to the land will be by:

- |   |  |
|---|--|
| <input type="checkbox"/> Provincial highway         | <input type="checkbox"/> Municipal road-seasonal |
| <input type="checkbox"/> Municipal road-year round  | <input type="checkbox"/> Right-of-way            |
| <input type="checkbox"/> Other public road(specify) | <input type="checkbox"/> Water                   |

**WATER ACCESS**-Where access to the land will be by water only

Parking facilities (specify) _____	Docking facilities (specify) _____
approx. distance from subject land _____	approx. distance from subject land _____
approx. distance from nearest public road _____	approx. distance from nearest public road _____

**WATER**-Will be provided to the land by:

- |   |  |
|---|--|
| <input type="checkbox"/> Publicly-owned/operated piped water system | <input type="checkbox"/> Lake or other water body    |
| <input type="checkbox"/> Privately-owned/operated individual well   | <input type="checkbox"/> Other means (specify) _____ |
| <input type="checkbox"/> Privately-owned/operated communal well     |  |

**SEWAGE DISPOSAL**-Will be provided to the land by:

- |   |  |
|---|--|
| <input type="checkbox"/> Publicly-owned/operated sanitary sewage system | <input type="checkbox"/> Privately-owned/operated individual septic system |
| <input type="checkbox"/> Privy  | <input type="checkbox"/> Privately-owned/operated communal septic system   |
| <input type="checkbox"/> Other means (specify)                          | <input type="checkbox"/>   |

**PROVINCIAL POLICY STATEMENTS**

This application is consistent with the policy statements issued under subsection 3 (1) of the Planning Act

Yes

No

**PROVINCIAL PLANS**-The subject land is within an area of land designated under a provincial plan(s)

Yes

No

If yes, this application does:

conform to the applicable provincial plan(s)

not conflict with the applicable provincial plan(s)

**AUTHORIZATION  
BY OWNER**

I, the undersigned, being the owner of the subject land, hereby authorize

\_\_\_\_\_ to be the applicant in the submission of this application.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

**DECLARATION  
OF APPLICANT**

I, \_\_\_\_\_ of the \_\_\_\_\_ of

\_\_\_\_\_ in the \_\_\_\_\_ of

solemnly declare that:

All the statements contained in this application and provided by me are 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.

Declared before me at the \_\_\_\_\_

of

in the \_\_\_\_\_ of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of commissioner, etc.

**This application must be accompanied by a sketch showing the following**

- i. The boundaries and dimensions of any land abutting the subject land that is owned by the owner of the subject land.
- ii. The approximate distance between the subject land and the nearest town lot line or landmark such as a bridge or railway crossing.
- iii. The boundaries and dimensions of the subject land, the part that is intended to be severed and the part that is intended to be retained.
- iv. The location of all land previously severed from the parcel originally acquired by the current owner of the subject land.
- v. The approximate location of all natural and artificial features (for example buildings, railways, roads, watercourses, drainage ditches, banks of rivers or streams, wetlands, wooded areas, wells and septic tanks that,
  - (i) are located on the subject land and on land that is adjacent to it, and
  - (ii) in the applicant's opinion, may affect the application.
- vi. The current uses on adjacent land, such as residential, agricultural and commercial uses.
- vii. 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 right of way.
- viii. If access to the subject land will be by water only, the location of the parking and boat docking facilities to be used.
- ix. The location and nature of any easement affecting the subject land.

**FOR OFFICE USE ONLY**

Name of Owner _____	Address _____
Name of Agent _____	Address _____
Date of receipt of completed application _____	Checked by _____
Zoning By-law # _____	Passed _____
Amended by By-law # _____	Passed _____
And By-law # _____	Passed _____
Official Plan Designation _____	
Site visit carried out by staff or approval authority member:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Minor variance or by-law amendment needed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorization of owner received (if required)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Approval Authority File # _____	Approval Authority Submission # _____
Hearing Date _____	Adjourned Hearing Date _____
Date notice of decision sent to the applicant and other persons and agencies: _____	
General comments: _____	