

Application for Validation of Title

Section 57 of the Planning Act, R.S.O 1990, As Amended

Township of Wainfleet
Committee of Adjustment
31940 Highway #3
Wainfleet, ON L0S 1V0
Tel: 905-899-3463 Fax: 905-899-2340



For Office Use Only	
Date Received:	Received By:
Application Deemed Complete? Yes No	Date Deemed Complete:
Roll Number:	File No.:

SECTION 1 – CONTACT INFORMATION

Owner Information	
Registered Owner(s): (please indicate names exactly as shown on the Transfer Deed of Land)	
Mailing Address (Street address, unit number, city and postal code)	
Phone Number	Fax Number
Email Address	
Solicitor Information (if applicable)	
Owner's Solicitor:	
Mailing Address (Street address, unit number, city and postal code)	
Phone Number	Fax Number
Email Address	
Authorized Agent Information (if applicable)	
Owner's Authorized Agent:	
Mailing Address (Street address, unit number, city and postal code)	
Phone Number	Fax Number
Email Address	
Please specify to whom all communications should be sent: <input type="checkbox"/> Owner <input type="checkbox"/> Solicitor <input type="checkbox"/> Agent	

SECTION 2 – LOCATION OF SUBJECT LAND

Legal Description (Street number & name of street, lot, concession, registered plan, etc.)		
Are there any easements or restrictive covenants affecting the land? <input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No		
Zoning:	Township Official Plan Designation:	Regional Official Plan Designation:
Does the parcel comply with the zoning bylaw and official plan? <input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No		

SECTION 3 – SUBJECT LAND INFORMATION

Existing Land Uses:		Proposed Land Uses:	
Frontage (m):	Depth (m):	Area (m ² or ha):	
Type of access to subject parcel:			
<input type="checkbox"/> Provincial Highway	<input type="checkbox"/> Municipal Road maintained all year	<input type="checkbox"/> Water Access	
<input type="checkbox"/> Regional Road	<input type="checkbox"/> Municipal Road maintained seasonally	<input type="checkbox"/> Right-of-Way	
<input type="checkbox"/> Private Road	<input type="checkbox"/> Other Public Road		
Type of water supply proposed or existing for subject parcel:			
<input type="checkbox"/> Publicly owned and operated piped water	<input type="checkbox"/> Cistern		
<input type="checkbox"/> Well (private or communal)	<input type="checkbox"/> Other: _____		
Type of sewage disposal proposed or existing for subject parcel:			
<input type="checkbox"/> Publicly owned and operated sanitary sewage system	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Septic system (private or communal)			
Existing Structures		Proposed Structures	
Date of acquisition of subject land by current Owner: _____			
Did the previous owner retain any interest in the subject land? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details: _____			
Do you have any interest in any abutting parcel of land? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details: _____			
Has the owner previously severed any land from this holding? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate previous severances on the required sketch and supply the following information for each lot severed (attach schedule if required):			
Grantee's (Purchaser's) name _____			
Relationship (if any) to owner _____			
Use of parcel _____			
Date parcel created _____			

SECTION 4 – PURPOSE OF THE APPLICATION

Why do you believe your title may require validation? (Use an extra page if necessary)

SECTION 9 – AFFIDAVIT OF OWNER(S) OR AUTHORIZED AGENT

The declaration below must be signed in the presence of a Commissioner for Taking Affidavits. This may be done when presenting your application at the Township office. Please make sure to bring your photo I.D. with a signature.

Please Note: if the owner is a Corporation, the application must be signed by an officer of the Corporation and the Corporation’s seal (if any) should be affixed or the words “I have the authority to bind the Corporation” may be printed under the signing officer’s name instead of affixing the Corporate seal.

I/We, _____ of the City/Town/Township of _____

in the County/Region of _____ do solemnly declare that all statements contained in this application are true and I/We 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 virtue of the Canada Evidence Act.

SWORN before me at the City/Town/Township of _____)
_____ in the _____)
County/Region of _____)
this _____ day of _____ 20 _____)

Signature of Owner or Authorized Agent

Signature of Owner or Authorized Agent

A Commissioner etc.