

**THE TOWN OF IROQUOIS FALLS  
DEEMING LOT(S) NOT TO BE ON A PLAN OF SUBDIVISION  
APPLICATION FORM**

<b>CONCURRENT APPLICATIONS FILED</b>	
Note to Applicant: For each application that is filed concurrently, complete and attach the appropriate application form and fees	
<input type="checkbox"/>	Zoning By-law Amendment
<input type="checkbox"/>	Minor Variance
<input type="checkbox"/>	Consent
<input type="checkbox"/>	Other (Specify): _____

<b>OFFICE USE ONLY</b>
Date Stamp – Date Received
<b>FOR REFERENCE PURPOSES</b>

**REQUIREMENTS FOR A COMPLETE APPLICATION INCLUDE:**

Note: Until the Town of Iroquois Falls' Administration Department has received the information and material requested herein, **the application will be deemed incomplete and the application will be returned to the applicant.**

<input type="checkbox"/>	The completed application form and declarations.
<input type="checkbox"/>	1 copy of sketch/plan, in metric units, showing <b>EXISTING</b> and <b>PROPOSED</b> building(s) and structure(s) on subject lands. Sketch/plan must include the following: <ul style="list-style-type: none"> <li>o The boundaries and dimensions of the subject lands;</li> <li>o 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; <ul style="list-style-type: none"> <li>- are located on the subject <u>and</u> adjacent lands; and</li> <li>- in the applicant's opinion, may affect the application;</li> </ul> </li> <li>o The current uses of land that is adjacent to the subject land;</li> <li>o The location, width and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public traveled road, a private road or a right of way;</li> <li>o If access to the subject land is by water only, the location of the parking and docking facilities to be used; and</li> <li>o The location and nature of any easement or restrictive covenant affecting the subject land.</li> </ul>
<input type="checkbox"/>	Application Fee(s) made payable to the Corporation of the Town of Iroquois Falls
<input type="checkbox"/>	A Letter of Authorization from the Owner (with dated, original signature) <b>OR</b> completion of the Owner's Authorization on page 5 (item 14), <b>if the Owner is not filing the application.</b>
<input type="checkbox"/>	Other information identified at the pre-application consultation meeting.

<b>PLEASE LIST ANY REPORTS OR STUDIES THAT ACCOMPANY THIS APPLICATION (supply two copies of each):</b>

<b>THIS APPLICATION PACKAGE MUST BE SUBMITTED TO:</b>	
Town of Iroquois Falls, c/o Clerk-Administrator PO Box 230, 253 Main Street, Iroquois Falls, Ontario P0K 1G0	Telephone: 705-232-6357 Facsimile: 705-232-4241

<b>1. a)</b>	<b>Applicant Information</b>		
Complete the information below. All communication will be directed to the <b>Primary Contact</b> with a copy of to the Owner.			
<b>Registered Owner(s):</b>			
Name:			
Address:			
City:		Postal Code:	
Phone:		Alternate Phone:	
Fax:		Email:	
<b>Applicant (complete if the Applicant is not the Owner):</b>			
Name:			
Address:			
City:		Postal Code:	
Phone:		Alternate Phone:	
Fax:		Email:	
<b>Agent Authorized by the Owner to file the Application (if applicable):</b>			
Name:			
Address:			
City:		Postal Code:	
Phone:		Alternate Phone:	
Fax:		Email:	
<b>1. b)</b>	Which of the above is the Primary Contact? <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Agent		

<b>2.</b>	<b>Official Plan Designation</b>
Current Official Plan designation:	

<b>3.</b>	<b>Zoning Information</b>
Current Zoning:	

<b>4.</b>	<b>Legal Description</b>
Geographic Township / Planning Area:	
Lot(s):	Parcel(s):

Mining Claim(s):	Registered Plan Number:
Municipal Street Address (if applicable):	
Assessment Roll Number(s):	

<b>5.</b>	<b>Are there any easements or restrictive covenants affecting the subject land:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the description of each easement or covenant and its effect:	

<b>6.</b>	<b>Land Description</b>
<b>Lot One:</b> Frontage (m): Depth (m): Area (m <sup>2</sup> or ha):	<b>Lot Two:</b> Frontage (m): Depth (m): Area (m <sup>2</sup> or ha):
6. b) Existing use(s) of the property:	
6. c) The date the subject land was acquired:	
6. d) The type and number of existing buildings/structures:	
6. i) The type and number of proposed buildings/structures:	
6. j) The proposed use of subject land:	

<b>7.</b>	<b>Access</b>				
<input type="checkbox"/>	Private Street (not usually permitted)	<input type="checkbox"/>	Provincial Highway	<input type="checkbox"/>	Water
<input type="checkbox"/>	Right of Way (not permitted)	<input type="checkbox"/>	Assumed Municipal Street	<input type="checkbox"/>	Other (Specify)
If by water, please list the parking and docking facilities used or proposed to be used as well as the approximate distance from the subject lands and the nearest public road.					

<b>8.</b>	<b>Water Supply</b>		
Water supply on the subject lands shall be provided by:			
<input type="checkbox"/>	Municipal piped water	<input type="checkbox"/>	Privately owned & operated individual wells for each lot
<input type="checkbox"/>	Privately owned & operated communal well	<input type="checkbox"/>	Other (specify)

<b>9.</b>	<b>Sewage Disposal</b>		
Sewage disposal on the subject lands shall be provided by:			
<input type="checkbox"/>	Municipal sanitary sewers	<input type="checkbox"/>	Privately owned individual septic system for each lot
<input type="checkbox"/>	Privately owned communal collection	<input type="checkbox"/>	Other (specify)
If the application would permit development on privately owned and operated individual or communal septic systems, and more than 4,500 litres of effluent produced per day as a result of the development being completed, a <i>service options report</i> and a <i>hydrogeological report</i> is required.			

<b>10.</b>	<b>Storm Drainage</b>
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Storm drainage on the subject property will be provided by:		
<input type="checkbox"/> Municipal sewers	<input type="checkbox"/> Ditches or Swales	<input type="checkbox"/> Other (specify)

<b>11.</b>	<b>Other Applications Under the Planning Act</b>
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Has the property ever been subject to an application under the Act? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		
If the answer was 'yes', please indicate the file number and status of the application.		
Has any land been severed from the parcel originally acquired by the owner of the subject land?		
If the answer was 'yes', please indicate the date of the transfer, the name of the transferee and the uses of the severed land.		

<b>12.</b>	<b>Owner's Authorization</b>
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This must be completed by the Owner if the OWNER IS NOT FILING THE APPLICATION.

Note: If there are multiple Owners, an authorization letter from each Owner (with dated, original signature) is required OR each Owner must sign the following authorization.

  
  

I, (we) \_\_\_\_\_, being the  
Print name(s) of Owner, individual or company

registered Owner(s) of the subject lands, hereby authorize \_\_\_\_\_  
Print name of agent and/or company (if applicable)

to prepare and submit an Application for Deeming By-law.

  
  

Signature	Day	Month	Year
Signature	Day	Month	Year

**IMPORTANT:**

If the Owner is an incorporated company, the company seal shall be applied in the signature block above.

**13. Declaration**

This must be completed by the person filing the application for the proposed amendment and in the presence of a Commissioner of Oaths.

I, \_\_\_\_\_ of the \_\_\_\_\_.  
Print (name of applicant) Print (Name of City, Town, Township, etc.)

in the Region/County/District of \_\_\_\_\_ solemnly declare that all of the statements  
Print Region/County/District

contained in this Application for Deeming By-law at \_\_\_\_\_  
(description of subject land)

and all supporting documents and plans are true and complete, 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*.

Declared before me at the Region/County/District of \_\_\_\_\_,

in the Municipality of \_\_\_\_\_, this

\_\_\_\_\_ day of \_\_\_\_\_  
(Day) (Month) (Year)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print name of Applicant

\_\_\_\_\_  
Commissioner of Oaths

**14. Municipal Freedom of Information Declaration**

In accordance with the provisions of the Planning Act, it is the policy of the Town of Iroquois Falls to provide public access to all development applications and supporting documentation.

In submitting this development application and supporting documentation, I(we) \_\_\_\_\_  
\_\_\_\_\_ (please print name) the Owner/applicant/authorized agent, hereby  
acknowledge the above-noted policy and provide my/our consent, in accordance with the provisions of the Municipal  
Freedom of Information and Protection of Privacy Act, that the information on this application and any supporting  
documentation provided by myself, my agents, consultants and solicitors, will be part of the public record and will also  
be available to the general public.

\_\_\_\_\_  
Signature Day Month Year

\_\_\_\_\_  
Signature Day Month Year

**OWNER/APPLICANT'S INFORMATION: (Mandatory, please print)**

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Fax No. \_\_\_\_\_