



The Corporation of the
Township of Georgian Bay
APPLICATION TO DEEM LOTS

99 Lone Pine Road
 Port Severn, ON L0K 1S0
 Phone (705) 538-2337
 E-mail • planning@gbtownship.ca
 Web • www.gbtownship.ca

OFFICE USE ONLY

Date Received:		Application No:	
Received By:		Fees Paid:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Fee and Deposit

The undersigned agrees and encloses herewith an Application Fee in the amount of:

\$750.00

and understands the Application Fee is non-refundable and that no assurance is given that the payment of the fee will result in approval of the application.

The undersigned agrees and encloses herewith a Deposit in the amount of:

\$1000.00

The undersigned agrees that the Deposit may be used to cover the cost of any professional legal review, cost of registration of a deeming by-law on title to the lands, or other costs deemed to be required by the Township in order to proceed with the application is the responsibility to be paid by the undersigned.

Date: _____

Applicant or Authorized Agent

Please ensure to complete this application in its entirety and submit any additional information that may have been identified as required through the pre-consultation process.

1. Registered Owner(s) [Include all persons who are registered on title to the Subject Lots]

Name(s):	
Mailing Address(es):	
Telephone No.:	
Email Address(es):	

2. Agent (if applicable)
 Note all correspondence, notices, etc. initiated by the Township with respect to this application, will be directed to the applicant's Agent as noted below, except where no Agent is employed, then it will be directed to the Registered Owner(s).

Name:	
Mailing Address:	
Telephone No.:	



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Email Address:	
3. Solicitor (if applicable)	
Name:	
Mailing Address:	
Telephone No.:	
Email Address:	
4. Location of Subject Lots	
Civic / 911 Address:	
Former Township of:	
Lot No.:	
Concession:	
Plan of Subdivision No.:	
Lot(s) Numbers on Plan of Subdivision:	
5. Reason for Application	
I/We hereby request that Lot(s) _____ on Registered Plan of Subdivision No. _____ be deemed not to be lot(s) on a Plan of Subdivision for the purpose of Section 50(3) of the <i>Planning Act</i>.	
I/we certify that all statements and information provided in this application are true, accurate and current.	
_____ Agent [If signed ONLY by an Agent, written authorization from the Registered Owner(s) must accompany the application or the authorization form below must be completed.]	
_____ Registered Owner	_____ Registered Owner



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NOTICE OF COLLECTION

Personal information on this form is collected under the authority of the Planning Act. All names addresses and comments included is material available to the public in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act.

Questions regarding this collection and its release under the Act should be directed to the Township Clerk, 99 Lone Pine Road, Port Severn, Ontario L0K 1S0, telephone: 705-538-2337 extension 227 during business hours or via email to kway@gbtownship.ca.

AFFIDAVIT OR SWORN DECLARATION FOR THE PRESCRIBED INFORMATION

I / We _____ solemnly declare that all statements contained in this application and in all statements contained in all exhibits transmitted herewith 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 by virtue of the Canada Evidence Act. I further agree for the purposes of the Municipal Freedom of Information and Protection Privacy Act, to authorize and consent to the use by of the disclosure to any person of public body of any personal information that is collected under the authority of the Planning Act for the purposes of processing the application.

DECLARED before me at the
 _____ of
 _____ in
 the _____ of
 _____ this
 _____ day of _____ 20____.

 Commissioner, etc.

Agent [If signed ONLY by an Agent, written authorization from the Registered Owner(s) must accompany the application or the authorization form below must be completed.]

 Registered Owner

 Registered Owner

AGENT AUTHORIZATION

I / We _____ am / are the registered owner(s) of the land that is the subject of this application and for the purposes of the Freedom of Information and Protection of Privacy Act, I / we authorize _____ to make this application on my / our behalf.

This authorization also allows the Agent to appear at any hearing(s) of the application and provide any information or material required by the Township relevant to the application on my / our behalf.

Date: _____

 Registered Owner

 Registered Owner