



APPLICATION FOR CONSENT

Office Use:	
Date Received	File Number:

REGISTERED OWNER		
Property Owner(s):		
Address:	City:	Postal Code:
Phone:	Email:	

AUTHORIZED AGENT INFORMATION		
Agent/Applicant:		
Address:	City:	Postal Code:
Phone:	Email:	

SOLICITOR		
Agent/Applicant:		
Address:	City:	Postal Code:
Phone:	Email:	

Primary Contact for ALL Future Correspondence:		
<input type="checkbox"/> Owner	<input type="checkbox"/> Authorized Agent	<input type="checkbox"/> Solicitor

PROPERTY INFORMATION				
Lot		Concession:		Township
Lot/Block	Registered Plan:	Part(s):	Reference Plan:	PIN
Municipal Address:				
Property Assessment Roll Number:				
Are there any easements or restrictive covenants affecting the subject land?				
<input type="checkbox"/> Yes <input type="checkbox"/> No Please specify?				

PURPOSE OF APPLICATION (Check all that apply):			
<input type="checkbox"/> New Lot	<input type="checkbox"/> Lot Addition*	<input type="checkbox"/> Long Term Lease	<input type="checkbox"/> Permanent Easement or Right of Way
<input type="checkbox"/> Validation of Title	<input type="checkbox"/> A Charge	<input type="checkbox"/> Other	
*Lot Addition - Pursuant to Section 50(12) of the Planning Act, legal confirmation is required as to how the lot to which the lands are proposed to be added was originally created.			
If known, name of person(s) (e.g. purchaser/mortgagee/lessee) to whom land or interest in lands is intended to be transferred, charged or leased. If a lot addition, include municipal address of benefitting lands?			

HISTORY OF SUBJECT LANDS			
Have the lands been subject of a subdivision application under Section 51 of the Act or a consent Section 53 of the Act?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a resubmission of an earlier proposal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Has any land been severed from the parcel originally required by the owner of the subject lands?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, provide for each parcel severed:			
<input type="checkbox"/> Date of Transfer:	_____		
<input type="checkbox"/> Name of Transferee:	_____		
<input type="checkbox"/> Land Use:	_____		
<input type="checkbox"/> File Number (if known):	_____		
Date Owner acquired the land:			

DESCRIPTION OF SUBJECT LANDS		
	Proposed to be Severed	Proposed to be Retained
Frontage (metres)		
Depth (metres)		
Area (metres)		

USE OF PROPERTY		
<input type="checkbox"/> Urban Residential	<input type="checkbox"/> Urban Non-Residential	<input type="checkbox"/> Farm-Related Residential
<input type="checkbox"/> Non-Farm Related Residential	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Other (Specify)
For applications respecting any Agricultural use on severed/retained parcel, complete Farm Data Sheet. For all applications, complete Environmental Site Screening Questionnaire (excepting long term lease applications).		
	Proposed to be Severed	Proposed to be Retained
Existing Use:		
Proposed Use:		

Buildings or Structures (provide number, uses and dates of construction):		
	Proposed to be Severed	Proposed to be Retained
Existing Structures:		
Proposed Structures:		

Road Access:		
	Proposed to be Severed	Proposed to be Retained
Road Name:		
Open Municipal Road:		
Regional Road:		
Provincial Highway:		
Private:		

Other Access: (Specify - i.e. Water, Right-of-Way - including explanation)		
Type/Name	Proposed to be Severed	Proposed to be Retained

Servicing - Water Supply		
	Proposed to be Severed	Proposed to be Retained
Regional Piped Water		
Private Well:		
Other		

Servicing - Sewage Supply		
	Proposed to be Severed	Proposed to be Retained
Regional Sewers		
Private Septic System		
Other		

Land Use	
Regional Official Plan Designation:	
Local Official Plan Designation:	
If any of the following uses or features exists on the subject land or within 500 metres of the subject land, each must be shown on the required sketch and corresponding distances noted.	

Use or Feature	On the Subject Lands	Within 500 metres of the Subject Lands
Agricultural Operation, including facility or stockyard		
Sewage Treatment plant or waste stabilization plan		
Provincially Significant Wetland		
Provincially Significant Wetland within 120 metres of site		
Floodplain		
An industrial or commercial use, specify		
Active Railway		

Potentially Contaminated Sites:		
Has there been industrial waste on the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, last date of use:
Has there been filling on the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there reason to believe the site may have been contaminated by former uses either on the site or on adjacent sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, on what basis was this determination made?		
If yes, an environmental investigation to the satisfaction of the Region of Peel is required. Report attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Current Planning Applications:			
If known, is or was the subject land the subject of any of the following development applications:			
Is the application consistent with policy statements issued under Section 3(1) of the Planning Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the subject land within an area of land designated under any Provincial Plan or Plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, does the application conform to or does it conflict with the applicable Provincial plan or plans?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Regional Official Plan Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Niagara Escarpment Commission Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Parkway Belt Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Minister's Zoning Order Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Consent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Local Official Plan Amendment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Minor Variance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Site Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Plan of Subdivision/Condominium:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.
Zoning By-law Amendment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	File No.

Validation of Title:
When did the contravention of Section 50 of the Planning Act or a predecessor thereof occur?
Please describe the nature of the contravention (attach schedule if required)



Permissions by Owner or Authorized Agent

One original (signed and witnessed) copy of this form is required, per application.

I/We consent to the Members of the Milton Committee of Adjustment or a representative of the Committee and/or Town of Milton Staff entering onto and inspecting the subject lands and structures for the limited purpose of evaluating the merits of this application.

I/We hereby further authorize the Town of Milton to release municipal property tax information to the applicant and/or agent named within the attached application, for the specific property location, referenced therein.

I/We _____ of the
(Print Name of Owner or Authorized Agent)

_____ in the _____
(e.g. Town of Milton) (e.g. Region of Halton)

being the registered owner(s) of _____
(Municipal Address)

solemnly declare that all the above 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 by virtue of the "Canada Evidence Act".

I/We also acknowledge that the information requested on this form is collected under the authority of the *Planning Act*, R.S.O. 1990, Chapter P.13, as amended and the provisions of the Municipal Freedom of Information and Protection of Privacy Act. The information is required in order to process this application and forms part of the public record. Any personal information collected will only be used for the internal processing of this application. Questions about this collection can be made to the Town of Milton's Planning and Development Department.

Note: The signature of the applicant or authorized agency must be witnessed by a Commissioner, etc. A Commissioner is available in the Planning and Development Department, if needed.

Owner's Authorization and Appointment of Agent

Property Owner to Select: Not applicable Agent to be used; authorization/appointment as follows:

I/We hereby authorize _____
(Name of Agent, including Firm Name, if applicable)

to prepare, submit and act on my/our behalf with respect to this consent application.

Declared before me at the _____ of _____
in the _____ of _____
this _____ day of _____ 2 _____

A Commissioner, etc.

Signature of Registered Property Owner
 I have authority to bind the Corporation

Signature of Registered Property Owner
 I have the authority to bind the Corporation