



THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

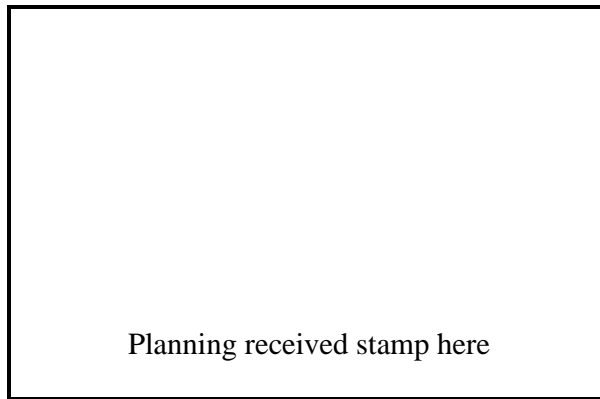
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St. Catharines, ON L2R 7C2
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PLANNING SERVICES
Development

APPLICATION FOR SUBDIVISION OR CONDOMINIUM AGREEMENT

SUBDIVISION FILE NUMBER 60.46.
CONDOMINIUM FILE NUMBER 60.46.
SUBMISSION NUMBER _____

AMANDA NO: (Subdivision) _____ SA
AMANDA NO: (Condominium) _____ CD



Planning received stamp here

Property Location: _____ (Municipal Address)

Name of Applicant: _____ (Agent Owner)

PREAMBLE

It is the responsibility of the applicant or authorized agent to complete this form and to supply all of the documents required by the Condominium Act, Planning Act and the Planning Services Department of the City of St. Catharines, including the following:

1. 22 paper prints of draft M plan - folded not larger than legal size (8 ½ x 14") signed by owner and surveyor.
2. 20 copies of completed condominium application form signed by owner and agent (if any).
3. 1 legible paper print or mylar of draft plan reduced to letter (8 ½ x 11") or legal (8 ½ x 14") size.
4. Municipal application fee \$ _____.
5. Supporting studies and information (e.g. stormwater management report, noise, traffic, etc.) that have been prepared.

All information is to be forwarded to the:

Planning Services Department, City of St. Catharines, Box 3012, City Hall
50 Church Street, St. Catharines, ON, Canada L2R 7C2
Phone No. (905) 688-5600 ext. 1719, Fax No. (905) 688-5873, E-mail: ps@stcatharines.ca

Applicants should review this application with the Planning Services Department before submitting.

PLEASE PRINT ALL INFORMATION

1. APPLICANT INFORMATION

REGISTERED OWNER(S) OF PROPERTY: _____

MAILING ADDRESS: _____

POSTAL CODE: _____

CONTACT IF A NUMBERED COMPANY: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

2. AGENT, SOLICITOR OR PLANNING CONSULTANT

NAME: _____

TITLE: _____

MAILING ADDRESS: _____

POSTAL CODE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

3. ONTARIO LAND SURVEYOR NAME:

NAME: _____

TITLE: _____

MAILING ADDRESS: _____

POSTAL CODE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

4. AUTHORIZATION (To be filled out if agent etc. is not Registered Owner)

I/We _____ hereby authorize and direct

_____ to make this application on the property known municipally as

_____ for which I/we are the registered owner(s).

Witness

Signature

Date

Address

Property Information

Lot (Street) frontage _____ feet _____ metres
 _____ feet _____ metres

Depth _____ feet _____ metres

Area _____ metres

Width of abutting road allowances _____

Type of access to subject land:

- | | |
|---|--|
| <input type="checkbox"/> Provincial Highway | <input type="checkbox"/> Regional Road |
| <input type="checkbox"/> Municipal Road maintained all year | <input type="checkbox"/> Other Public Road |
| <input type="checkbox"/> Municipal Road maintained seasonally | <input type="checkbox"/> Right-of-way |
| <input type="checkbox"/> Water access | <input type="checkbox"/> Private Road |

Municipal water Available? Connected?

Sanitary Sewer Available? Connected?

Storm Sewer Available? Connected?

7. PLANNING COMPLIANCE

A. Present St. Catharines Official Plan Designation _____

Is an amendment required? No Yes

B. Zoning Area _____

Zoning By-law No. _____

Present Zoning _____

Is an amendment required? No Yes

C. Present Regional Policy Plan Designation _____

Is a Regional Policy Plan amendment required? No Yes

8. PLAN DETAILS

(a) **Date of Draft Approval** _____

SUBDIVISION/CONDOMINIUM BREAKDOWN

Land use	No. of Units	No. of lots/blocks	Area in hectares	No. of units per hectare	No. of parking spaces
Residential: Single-detached					
Semi-detached/ duplex					
Multiple attached (townhouses)					
Apartments					
Commercial					
Industrial					
Park and Open Space					
Institutional (specify)					
Roads					
Other (specify)					
TOTAL					

9. CONSENT OF THE OWNER TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION

Complete the consent of the owner concerning personal information set out below.

I, _____ am the owner of the land that is subject of this application for approval of a condominium description and for the purposes of the **Freedom of Information and Protection of Privacy Act**, I authorize and consent to the use by or disclosure to any person or Public body of any personal information that is collected under the authority of the **Planning Act** for the purposes of processing this application.

Signature

Day Month Year

10. DECLARATION

I, _____ of the City of

_____, solemnly declare that:

All statements contained in this application 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 it made under oath and by virtue of the Canada Evidence Act.

Declared before me at the _____ of)
_____)
_____)
in the _____))
of _____))
this _____ day of _____, 20__)

Signature of Owner or Authorized Agent

A Commissioner

Name of Owner or Authorized Agent

Position/Title

Signature

Date

Corporate Seal