

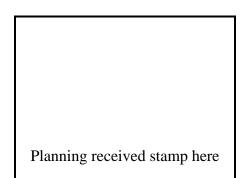
PO Box 3012, 50 Church Street St. Catharines, ON L2R 7C2 Tel : 905.688.5600 | Fax: 905.682.3631 TTY: 905.688.4TTY (4889)

www.stcatharines.ca

PLANNING SERVICES Development

DEVELOPMENT SERVICING AGREEMENT APPLICATION

FILE NUMBER 60.53.____ LAND DIVISION COMMITTEE EXISTING NUMBER 60.84.__ AMANDA NO: _____DA



must include:

All information on forms completed in full.

□ Fee of \$_____

D 20 Folded copies of the Final Reference Plan

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 (Please place a check mark in the box next to the name of the applicant)				
	REGISTERED OWNER OF PROPERTY:				
	MAILING ADDRESS:				
	CONTACT IF A NUMBERED COMPANY:				
	TELEPHONE NUMBER:				
	FAX NO:				
	APPLICANT (If different than owner):				
	MAILING ADDRESS:				
	TELEPHONE NUMBER:				
	FAX NO:				
2.	PROPERTY LOCATION AND DESCRIPTION				
	Municipal Address				
	Legal Description of the lands (Lot and Registered Plan or Concession and Dimension of lot)				

3. MORTGAGES, CHARGES, AND OTHER ENCUMBRANCES List the names and addresses of all mortgages, holders of charges or other encumbrances with respect to the subject land(s).

4. AUTHORIZATION FOR AGENT

(Complete only if applicant is not the registered owner.)						
I,						
hereby authorize and direct						
	to make this application on the					
(Agent)						
property known as						
for which I/we are the registered owner(s).						
Signature	Date					
Signature	Date					

5. PLAN DETAILS

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					
Seasonal					
Mobile/Modular homes					
Commercial					
Industrial					
Park and Open Space					
Institutional (specify)					
Roads					
Other (specify)					
TOTAL					

6A. PLEASE INDICATE TYPE OF DEVELOPMENT

- □ New Industrial Development
- □ New Institutional Development
- □ New Mixed Development
- □ New Residential Development
- □ Residential Redevelopment
- Commercial Redevelopment
- □ Industrial Redevelopment
- □ Institutional Redevelopment
- □ Mixed Redevelopment
- □ New Commercial Development

6B. WORK PROPOSED

- □ Servicing
- Development

7. AFFIDAVIT

I,	of the City
of ,	solemnly declare that:

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 if made under oath and by virtue of the Canada Evidence Act.

Declared before me at theof)
in the of)) Signature of Owner or Agent
This day of) , 20)
A Commissioner etc.	
Name of Owner or Authorized Agent	Position/Title
Signature	Date
Corporate Seal	