



THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

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

PLANNING SERVICES
Development

DEVELOPMENT SERVICING AGREEMENT APPLICATION

FILE NUMBER 60.53._____

LAND DIVISION COMMITTEE EXISTING NUMBER 60.84.____

AMANDA NO: _____DA

Planning received stamp here

must include:

- All information on forms completed in full.
- Fee of \$_____
- 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:

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 the _____ of _____)
))
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