



# REMOVAL OF PART-LOT CONTROL APPLICATION FORM

File No.:

\_\_\_\_\_

Date Received:

\_\_\_\_\_

Applying for approval under Section  
50 of the Planning Act, R.S.O. 1990.

## THE MUNICIPALITY OF MISSISSIPPI MILLS

Municipal Office  
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### MUNICIPALITY OF MISSISSIPPI MILLS OFFICE USE ONLY

Date Received \_\_\_\_\_ Application Fee \_\_\_\_\_ Receipt No.: \_\_\_\_\_

File Number: \_\_\_\_\_ Application Complete: Yes \_\_\_\_\_ No \_\_\_\_\_

**Note:** Please type or print.

See Removal of Part Lot Control Procedure Guide. Additional Information may be provided in an accompanying letter.

**PURSUANT TO THE PLANNING ACT, THE UNDERSIGNED HEREBY APPLIES TO THE CORPORATION OF THE MUNICIPALITY OF MISSISSIPPI MILLS FOR REMOVAL OF PART-LOT CONTROL WITHIN THE MUNICIPALITY OF MISSISSIPPI MILLS.**

**This application is to be completed in all respects and submitted to the Planning Department, Municipality of Mississippi Mills.**

### 1. APPLICANT INFORMATION:

1.1 Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**1.2** Registered Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**1.3** Name of Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**1.4** Name of Solicitor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**1.5** Name of Ontario Land Surveyor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**1.6** Please specify to whom all communications should be sent:  
 owner       solicitor       authorized agent

**1.7** Interest of Applicant in Land (e.g. Owner, Purchaser): \_\_\_\_\_

**2. CHARGES AGAINST THE LANDS:**

**(If more space is required please attached a list of any additional mortgages, charges or other encumbrances to the application.)**

**2.1** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Telephone: Home (\_\_\_\_)\_\_\_\_\_ Work (\_\_\_\_)\_\_\_\_\_  
Cell (\_\_\_\_)\_\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_\_

Type of interest:  mortgage  charge \_\_\_\_\_  
 other (please specify)

**2.2** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Telephone: Home (\_\_\_\_)\_\_\_\_\_ Work (\_\_\_\_)\_\_\_\_\_  
Cell (\_\_\_\_)\_\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_\_

Type of interest:  mortgage  charge \_\_\_\_\_  
 other (please specify)

**3. DESCRIPTION OF LAND AND SERVICING INFORMATION:**

**3.1** Location of Land:  
Lot: \_\_\_\_\_ Concession: \_\_\_\_\_  
Registered Plan of Subdivision Nos.: \_\_\_\_\_  
Lot or Block Nos.: \_\_\_\_\_

**3.2** Reference Plan No.: \_\_\_\_\_ Parts: \_\_\_\_\_

**3.3** Street Names: \_\_\_\_\_

**3.4** Dimensions of Land Affected:  
Frontage: \_\_\_\_\_ Depth: \_\_\_\_\_ Area: \_\_\_\_\_

**3.5** Are there any easements or restrictive covenants affecting the subject land?

Yes  No

If yes, please describe each easement or covenant and its effect (if insufficient room is provided please add this information on an additional sheet attached to the application).

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**3.6** Type of access (check appropriate space):

Provincial highway

County road

Township/municipal road, maintained all year

Township/municipal road, seasonally maintained

Other public road (please specify) \_\_\_\_\_

Right-of-way

Water access

If water access, describe the following:

Parking and docking facilities: \_\_\_\_\_

Distance of these facilities from the subject land and nearest public road: \_\_\_\_\_

**3.7** Type of water supply (check appropriate space):

	<b>Existing</b>	<b>Proposed</b>
Publicly owned and operated piped water system:	<input type="checkbox"/>	<input type="checkbox"/>
Privately owned and operated individual well	<input type="checkbox"/>	<input type="checkbox"/>
Privately owned and operated communal well	<input type="checkbox"/>	<input type="checkbox"/>
Lake or other water body	<input type="checkbox"/>	<input type="checkbox"/>
Other means (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

**3.8** Type of sewage disposal (check appropriate space):

	<b>Existing</b>	<b>Proposed</b>
Publicly owned and operated sanitary sewage system	<input type="checkbox"/>	<input type="checkbox"/>
Privately owned and operated individual septic tank	<input type="checkbox"/>	<input type="checkbox"/>
Privately owned and operated communal septic system	<input type="checkbox"/>	<input type="checkbox"/>
Pit privy	<input type="checkbox"/>	<input type="checkbox"/>
Other means (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

**3.9** Type of storm drainage (check appropriate space):

	<b>Existing</b>	<b>Proposed</b>
Sewers	<input type="checkbox"/>	<input type="checkbox"/>
Ditches	<input type="checkbox"/>	<input type="checkbox"/>
Swales	<input type="checkbox"/>	<input type="checkbox"/>
Other means (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

**3.10** Description of natural features on the subject lands and within 500 metres of the subject lands:

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**4.0** CURRENT OFFICIAL PLAN DESIGNATION(S): \_\_\_\_\_

**5.0** CURRENT ZONING OF THE LAND: \_\_\_\_\_

**6.0** REASON FOR APPLICATION:

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**7.0** EXPECTED CLOSING DATE FOR LOTS TO BE CREATED:

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**11. AFFIDAVIT OR SWORN DECLARATION:**

**11.1** I \_\_\_\_\_ of the \_\_\_\_\_ of  
\_\_\_\_\_ in the \_\_\_\_\_ of  
\_\_\_\_\_ make oath and say (or solemnly declare) that the  
information contained in this application is true and that the information in the documents  
that accompany this application is true.

Sworn (or Declared) before me at the \_\_\_\_\_ of  
\_\_\_\_\_ in the \_\_\_\_\_ of  
\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Commissioner of Oaths (include stamp below)

\_\_\_\_\_  
Signature of Applicant/Solicitor of  
Authorized Agents

Please note that if the applicant is a corporation, the  
application must be signed by a representative of  
the corporation and the corporation's seal must be  
affixed.)

**12. AUTHORIZATION (if applicable):**

**12.1** If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the applicant is authorized to make the application must be included with this form or the authorization set out below must be completed:

I/We \_\_\_\_\_ am/are the owner(s) of the land that is the subject of this application and I/we authorize \_\_\_\_\_ to make this application on my/our behalf.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature(s) of Owner(s)

Personal information on this form is collected under authority of the Planning Act, and will be used to assist in processing this application.