



PORT COLBORNE

CITY OF PORT COLBORNE INSTRUCTIONS FOR VALIDATION OF TITLE APPLICATION(S)

INFORMATION:

Pursuant to Section 57 of the Planning Act, the Committee of Adjustment for the City of Port Colborne has the power to validate title to a property which was conveyed in contravention of Section 50 of the Planning Act. Upon the submission of a complete application, it may be circulated to interested agencies for comment. A review of a Validation Application involves consideration of the prescribed criteria pursuant to O. Reg. 144/95.

The Committee of Adjustment will consider the Validation Application at a Public Hearing. Please refer to the current Schedule of Public Hearings for the applicable dates.

The Committee of Adjustment may impose conditions of approval that it considers appropriate.

APPLICATION REQUIREMENTS:

1. One completed Application. If the Application is submitted by an Agent or Solicitor on behalf of the Applicant, the Applicant's written authorization is required.
2. The Application Fee, payable in cash, debit or a cheque made payable to City of Port Colborne.
3. Four (4) copies of a sketch of the property prepared, signed, dated and sealed by an Ontario Land Surveyor, such sketches to include:
 - The boundaries and dimensions of any land abutting the subject land that is owned by the Owner of the subject land;
 - The approximate distance between the subject land and the nearest township lot line or landmark (i.e., bridge, railway crossing etc.);
 - The boundaries and dimensions of the subject land;
 - The location of all land previously severed from the parcel;
 - The location, size, dimensions of all existing buildings and structures on the subject land, indicating the distances to all lot lines;
 - The approximate location of all natural and artificial features on the subject land and on the land that is adjacent to the subject land that, in the opinion of the applicant may affect the application (i.e., buildings, railways, roads, watercourses, drainage ditches, river/stream banks, wetlands, wooded areas, wells, septic tanks, etc.);
 - The location, width and name of any roads, unopened road allowances, private roads or rights-of-way which are within or abut the subject land;

- The location and nature of any restrictive covenant or easement affecting the subject land.

NOTE: All measurements on the required sketch must be in metric.

4. The following documentation is required to determine if a contravention of the Planning Act has occurred:
 - a. Up-do-date abstract(s) of Title for the subject land and abutting land(s) from Deed prior to the possible contravention of the Planning Act;
 - b. Chart showing chain of Title;
 - c. Copy of registered Deeds to indicate various transfers that have occurred from the time the original contravention took place;
 - d. Copies of outstanding encumbrances, e.g. Mortgages, indicating legal descriptions and addresses; and
 - e. Copies of any registered plans and reference plans for the subject lands.



PORT COLBORNE

COMMITTEE OF ADJUSTMENT

Planning Department

66 Charlotte Street

Port Colborne, ON L3K 3C8

905-835-2900 x286

**Application for Validation of Title
Under Section 57 of the Planning Act**

File No. **D10** - _____ - _____

Date Received by Planning Division

Roll #:

Please Type or Print in Ink

Subject Property/
Municipal Address:

1. (a) Registered Owner(s): _____

Mailing Address: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

(b) Authorized Agent (if any): _____

Mailing Address: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

(c) Owners Solicitor (if any): _____

Mailing Address: _____ Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

(d) Person who is to be contacted about the application: Owner Agent Solicitor

2. Contact Information of any mortgagees, holders of charges or other encumbrances:

Name: _____

Contact: _____

Mail Address: _____

Phone: _____

- 3. Are there any existing easements or restrictive covenants affecting the subject land?
 Yes [] No []

If "Yes" describe the easement or covenant and its effect: _____

- 4. Description of subject land: Municipality: **City of Port Colborne**

Municipal Address: _____

Registered Plan No.: _____ Lot(s): _____

Reference Plan No.: _____ Part(s): _____

- 5. (d) Type of access:

- | | |
|---|--|
| <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 |

- (e) Water Supply:

- Publicly owned & operated piped water system
- Privately owned & operated piped water system
- Lake or other water body
- Other (specify): _____

- (f) Sewage Disposal:

- Publicly owned & operated sanitary system
- Privately owned & operated sanitary system
- Other (specify): _____

- 6. Description of **retained land(s)** (in metric units):

Part No. on sketch: _____

(a) Frontage: _____ metres Depth: _____ metres Area: _____sq.m./hectares

(b) Existing Use: _____ Proposed Use: _____

(c) Existing and proposed buildings and structures on the land to be retained:

Existing: _____

Proposed: _____

7. Has the subject land ever been the subject of an application for approval of a plan of subdivision under Section 51 of The Planning Act or a consent under Section 53 of The Act?

Yes [] No []

If "Yes", please provide the following information:

File Number: _____ Decision: _____

8. Is the subject land currently the subject of any other application under the Planning Act?

If "Yes", give the file number and status of the application.

Minor variance Yes [] No [] File No: _____
Status: _____

Consent application Yes [] No [] File No: _____
Status: _____

Official plan amendment Yes [] No [] File No: _____
Status: _____

Zoning by-law amendment Yes [] No [] File No: _____
Status: _____

Approval of a plan of subdivision Yes [] No [] File No: _____
Status: _____

9. When did the contravention of Section 50 of the Planning Act, or a predecessor thereof occur?

10. Please describe the nature of the contravention

11. The following documentation is required to determine if a contravention of the Planning Act has occurred. Please confirm (√) that the required documentation is included with the application.

Up-do-date abstract(s) of Title for the subject land and abutting land(s) from Deed prior to the possible contravention of the Planning Act;

Chart showing chain of Title;

Copy of registered Deeds to indicate various transfers that have occurred from the time the original contravention took place;

Copies of outstanding encumbrances, e.g. Mortgages, indicating legal descriptions and addresses; and

Copies of any registered plans and reference plans for the subject lands.

AUTHORIZATIONS:

If the applicant is not the owner of the land that is the subject of this application, please complete the authorizations set out below. If the owner is a company / corporation, indicate the authority of the signer, e.g. president, signing authority, has authority to bind the corporation etc.

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, _____,
print name of registered owner(s)

am the registered owner of the land that is the subject of this application and for the purposes of the Freedom of Information and Protection of Privacy Act I authorize and consent to the use by or the 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:

Date

Signature of Registered Owner(s)
(I have the authority to bind the corporation.)

Authorization of Owner for Agent to Make the Application and Provide Personal Information:

I, _____,
print name of registered owner(s)

am the registered owner of the land that is the subject of this application and for the purposes of the Freedom of Information and Protection of Privacy Act I authorize:

_____ to act as my agent for this application,
print name of authorized agent

and provide any of my personal information that will be included in this application or collected during the processing of the application to the City of Port Colborne Committee of Adjustment for consent to convey an interest in the land in accordance with Subsection 1 of Section 53 of the Planning Act, R.S.O., 1990.

Date

Signature of Registered Owner(s)

Agreement to Permit Entrance to Land:

I am the Registered Owner and/or the Authorized Agent of the subject land and I agree to allow City of Port Colborne staff and / or Committee Members and / or related agency staff the right to enter onto the land, as necessary, to assess and photograph the land for the proposal. I acknowledge that failure to allow access onto the land may result in this application being considered incomplete.

Date

print name of Registered Owner(s) or Authorized Agent

Signature of Registered Owner(s) or Authorized Agent

Affidavit or Sworn Declaration:

To be signed and witnessed in the presence of a Commissioner for Taking Affidavits:

I, _____,
print name of registered owner(s) or authorized agent

of the _____ in the province of _____,
municipality

solemnly declare that the information contained in this application is true and that the information contained in the documents that accompany this application is 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.

Signature of Registered Owner(s) or Authorized Agent



DECLARED before me at the _____ in the _____
lower tier municipality *upper tier municipality*

on this _____ day of _____, 20_____.

A Commissioner, etc.

Note:

Personal information collected on this application will become part of a public record.

Any questions regarding this collection should be directed to:

City Clerk, City of Port Colborne
66 Charlotte Street
Port Colborne, Ontario L3K 3C8
Telephone: 905-835-2900 x106
Fax: 905-834-5746