



## Part Lot Control By-Law Application

**Town of Collingwood**

**Planning Services**

Phone: 705-445-1030

Email: [planning@collingwood.ca](mailto:planning@collingwood.ca)

Office use only:
Reference #:

### Please Read Before Completing Application

**The applicant is responsible** for ensuring the accuracy of all submitted materials. A complete Part Lot Control By-Law application submission must include:

- This form, completed in full, and including all required signatures (**digital signatures accepted**)
- A copy of the Registered Plan of Subdivision identifying the lots or blocks subject to this application and including, but not limited to the following, as applicable:
  - the location, width and name of any roads within or abutting the subject property, indicating whether it is an unopened road allowance, a public travelled road, a private road or a right-of-way
  - the location of any electrical, gas or other utility services
- A copy of the Draft Reference Plan identifying the proposed lots and buildings including full dimensions in metric units
- Application fee and contingency deposit (as per current [Fees & Service Charges](#))
- Completed and signed [Additional Costs Deposit Agreement](#)

**Applications are accepted through the Town's Public Portal by registering for an account. To register and/or apply, please [visit the secure Portal](#).**

**Additional information may be requested during the review of this application.**

### 1. Type of Application:

Part Lot Control By-law

Part Lot Control By-law Extension

## 2. Applicant Information:

Project Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Additional Contacts for this application, including but not limited to, an Engineer, Designer, Landscape Architect, Architect, Solicitor, etc. may be [added to the Portal](#) on the Contacts page. Contacts added will each require a registered Portal account in order to view contents of the application online. Questions? Email [planning@collingwood.ca](mailto:planning@collingwood.ca)

## 3. Registered Property Owner Information:

**Is the registered owner the same as the Applicant in Section 2 above?**

Yes      No      **If No**, please complete the following:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**Additional Property Owner(s)? Please provide additional owner information on an attached separate page.**

#### 4. Mortgagee/Charge Information (if applicable):

If there are holders of any mortgages, charges or other encumbrances on the subject land, please provide details as follows:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**Please provide additional holders for mortgages, charges or encumbrances on a separate page.**

#### 5. Property Information:

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

Legal Description (Lot/Concession/Plan/Block): \_\_\_\_\_

Registered Plan #: \_\_\_\_\_ Assessment Roll Number or PIN: \_\_\_\_\_

Are there any easements, rights-of-way, or restrictive covenants affecting the subject land?  
Yes            No

**If Yes**, provide a copy of documentation and a brief description of each easement or restrictive covenant and its effect (attach separate page if necessary):

Provide the following property details:

Property Dimensions	Entire Property	Area affected by this application (if only a portion of entire property)
Frontage (m):		
Depth (m):		
Area (m <sup>2</sup> ):		
Additional Comments:		

Provide the current Town of Collingwood Official Plan and Zoning By-Law designations below:

Official Plan Designation:	
Zoning By-Law Designation:	

Is the subject property within one of the following policy areas?

Policy Area	Yes	No
Property Designated under Part IV or V of the <i>Ontario Heritage Act</i>		
<i>If yes, please specify area:</i>		
Secondary Plan Area		
<i>If yes, please specify area:</i>		

Is the subject property within one of the following regulated areas?

Regulated Area	Yes	No
Intake Protection Zone ( <i>South Georgian Bay Lake Simcoe Sourcewater Protection Plan, as amended</i> )		
Wellhead Protection Area ( <i>South Georgian Bay Lake Simcoe Sourcewater Protection Plan, as amended</i> )		
Nottawasaga Valley Conservation Authority (NVCA)		
Grey Sauble Conservation Authority (GSCA)		

Has the subject property ever been the subject of an application for any of the following under the *Planning Act*? **If Yes**, include the file number and current status:

Type	Yes	No	Reference or File Number	Status
Plan of Subdivision or Condominium				
Consent				
Official Plan Amendment				
Zoning By-Law Amendment				
Minor Variance				
Site Plan Control				
Other – Specify:				

**6. Permission for Access:**

***The owner(s) of the subject property, as identified in Section 3 of this form, hereby authorize Town staff, and any other applicable parties relevant to this application, to enter onto the subject property during regular business hours for the purpose of reviewing this application.***

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Where there are multiple owners of the same property, only one authorized signature is required.**

## 7. Authorization for Agent:

***The owner(s) of the subject property, as identified in Section 3 of this form, do hereby authorize and appoint the person named below to act as agent for the purposes of this application:***

Name of Agent: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Where there are multiple owners of the same property, only one authorized signature is required.**

## 8. Declarations:

I, (print name) \_\_\_\_\_ of (name of City or Town) \_\_\_\_\_ in the \_\_\_\_\_ Region or \_\_\_\_\_ County of \_\_\_\_\_ solemnly declare that I am the (choose one of the following):

Owner of the subject property      Agent for the Owner      Officer/Employee of the Owner

**and that in the matter of this application for the property as described above, I have examined the contents of, and any attachments to, this application, read and understood the information in this Declaration page, and hereby certify that the statements contained herein are true, accurate, and in accordance with the Planning Act, insofar as I have knowledge of these facts. 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.**

**Applications must be complete and accurate to be processed. Incomplete or inaccurate applications will be returned for re-submission. The Town may deem an application to be incomplete and refuse all submitted information if it considers the quality of the submission unsatisfactory.**

**Personal information collected by the Town of Collingwood through this application including any information obtained during its processing, is collected under the authority of the Planning Act, Municipal Act, and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), all as may be amended from time to time. Such information will form part of the public record, is subject to MFIPPA, and may be disclosed or published as part of Council agendas and/or public consultation processes.**

**By signing this Declaration and executing the Additional Costs Deposit Agreement, the parties acknowledge and agree that all required application fees and any costs incurred by the Town in processing this application, including peer review consultant fees, shall be borne by the applicant, agent, or owner.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>DECLARED</b> before me	] Signature of Commissioner:
at the _____ Town, or the _____ City	] _____
of: _____	] _____
in the _____ County, or the _____ Region	] Commissioner's Stamp:
of: _____	] _____
this _____ day	] _____
of _____, 20____	] _____