



Certificate of Cancellation Application

Town of Collingwood

Planning Services

Phone: 705-445-1030

Email: 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 Cancellation Certificate application submission must include:

- This form, completed in full, and including all required signatures (**digital signatures accepted**)
- A copy of the original Certificate of Official for Consent to be cancelled
- 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. Applicant Information:

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

2. Registered Property Owner Information:

If known, provide the date subject property was acquired by current owner: _____

Is the registered owner the same as the Applicant in Section 1 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.

3. Intent of the Application:

Outline the intent of this application:

Please include the original application or provide the file number for the Consent to be cancelled:

File Number _____

4. Property Information:

Civic Address: _____

Legal Description (Lot/Concession/Plan/Block): _____

Registered Plan #: _____ Frontage (m): _____

Depth (m): _____ Area(sq m or ha): _____

Assessment Roll Number or PIN: _____

Project Name (if applicable): _____

Provide the current 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 property within any 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)		

5. Permission for Access:

The owner(s) of the subject property, as identified in Section 2 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 (mm/dd/yy): _____

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

6. Authorization for Agent:

The owner(s) of the subject property, as identified in Section 2 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 (mm/dd/yy): _____

Print Name: _____

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

7. 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 (mm/dd/yy): _____

DECLARED 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_____]	