

Submission of this application constitutes consent for authorized Municipality of Clarington, and circulated agency representatives to inspect the subject lands or premises, and to carry out any inspections, tests and investigations as may be required.

COMPLETENESS OF THIS APPLICATION FORM: When this application is submitted, **ALL** of the following must be provided by the applicant for the application to be considered complete:

- One (1) original copy of the application form, including all of the information requested herein, with original signatures;
- One (1) copy of the survey or plan identifying the lots and/or blocks subject to the application; and
- A non-refundable processing fee (see Municipality of Clarington Planning Services Fee Schedule), payable to the Municipality of Clarington.

When the above information has been received, this submission will be evaluated in order to determine if it is complete. If any of the prescribed information and/or the processing fee is not provided, the Municipality of Clarington Planning Services Department may return the application form, or refuse to further consider the application, until such time as the above noted information has been provided.

NOTES:

Prior to rendering a decision on this application, the Municipality shall require written confirmation that all Municipal taxes are current and up to date.

The application will be circulated to the public bodies that may have an interest. For assistance in completing this form please contact the Municipality of Clarington Planning Services Department.

APPLICATION PACKAGE MUST BE SUBMITTED TO:

Planning Services Department
Municipality of Clarington
40 Temperance Street, Bowmanville, Ontario, L1C 3A6
Phone: (905) 623-3379 Toll Free: 1-800-563-1195 Fax: (905) 623-0830

FOR MUNICIPALITY OF CLARINGTON USE ONLY	
File Number:	Date Received:
Related Applications:	

1. CONTACT INFORMATION

Registered Owner ¹ :	Address:	Home:
		Business:
		Fax:
		Email:
Applicant ² :	Address:	Home:
		Business:
		Fax:
		Email:
Agent:	Address:	Home:
		Business:
		Fax:
		Email:

1.1 Please indicate to whom all correspondence should be sent (one only). This person will act as the Application Coordinator.

- Owner Applicant Agent

¹ If there is more than one Owner, please attach a separate page with the required information. If the owner is a numbered company, give the name and address of principal owner.

² Owner's authorization is required if the applicant is not the owner (Section 5).

2. LOCATION OF SUBJECT LAND

Assessment Roll No.	Lot(s)	Concession(s)	Former Township
Registered Plan No(s).	Lot(s) / Block(s)	Reference Plan No(s).	Part Number(s)
Municipal Address (Street No. and Name)		Approximate Area (ha)	PIN No.

3. APPLICATION

3.1 Please indicate the proposed land use:

Residential Industrial Commercial Other, please specify: _____

3.2 Indicate the lots and/or block numbers, the unit types and number of units subject to the application. Also indicate if there will be a change in the number of units or unit type as a result of the application.

Lots/Blocks Affected	Unit Type	Number of Units	Result of Part Lot Control Exemption on Unit Type and Number

6. CONSENT OF OWNER

Complete the consent of the owner concerning personal information set out below (or the written authorization of each owner in the case of shared ownership).

I, _____

am the registered owner of the land that is the subject of this application for approval of this planning document and, for the purpose 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. I also agree to allow the Municipality, its employees and agents to enter upon the subject property for the purposes of conducting survey, inspection and tests that may be necessary to the application.

Date

Signature of Owner