

DATE: _____



APPLICATION
FOR DEEMING BY-LAW OR REPEAL OF DEEMING BY-LAW

LOCATION OF SUBJECT LANDS:

Street Address: _____

Lot No(s) : _____

Registered Plan No.: _____

Assessment Roll No(s): _____

REGISTERED OWNER:

Name: _____

Mailing Address: _____

Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Note: Consent or authorization of the owner must accompany this application if applicant is not the registered owner of the property.

NAME OF APPLICANT/AGENT:

Name: _____

Mailing Address: _____

Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Communication to be sent to: Owner Applicant Agent

Present Use of subject lot(s):

Reasons for requiring a Deeming Bylaw:

FREEDOM OF INFORMATION

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 any information that is collected under the authority of The Planning Act for the purposes of processing this application.

Owner/Applicant/Agent Signature

Date

Owner/Applicant/Agent Signature

Date

AUTHORIZATION

If the applicant is not the owner(s) of the land that is subject to this application, the authorization set out below must be completed by the owner.

I/WE _____ am/are the owner(s) of the land that is subject to this consent application. I/WE authorize _____ to make this application on my/our behalf and to provide any of my/our personal information for the processing of this application

Signature

Date

Signature

Date

Information provided in this application will become part of a public record

ACKNOWLEDGEMENT

OWNER/APPLICANT/AGENT

I/WE, _____ hereby acknowledge receipt of a copy of Bylaw #2020.15 for the Corporation of the Township of Ramara, being a bylaw to establish a Tariff of Fees for the Processing of Planning applications, and agree to be bound by the terms thereof.

I/WE hereby agree to pay all advertising costs, consulting fees, ie. Planning and Engineering, and any legal fees incurred by the Township of Ramara in connection with the processing this Application.

I/WE acknowledge that the deposit money I/WE have paid, as required by Bylaw #2020.15, will be held by the Township until completion of all matters pertaining to this application. I further acknowledge that all expenses incurred by the Township regarding this application will be invoiced to ME/US and will be paid by ME/US within 30 days of the Township's invoice date.

DATED this _____ day of _____, 20__

DECLARATION

I/WE _____ of _____
solemnly declare that:

- All the above statements and the statements contained in all of the exhibits transmitted herewith are 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 it made under oath and by virtue of the Canada Evidence Act.

DECLARED BEFORE ME AT
THE _____
IN THE _____
THIS _____ DAY OF _____ 20__.

TO BE SIGNED IN THE PRESENCE OF A COMMISSIONER FOR TAKING AFFIDAVITS

OWNER/APPLICANT/AGENT

A commissioner, etc...

OWNER/APPLICANT/AGENT