



**TOWNSHIP OF RAMARA APPLICATION FOR  
CERTIFICATE OF CANCELLATION**

Application Date: \_\_\_\_\_

**REGISTERED OWNER:**

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

Mailing Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

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:**

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

Mailing Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Subject Property:**

Municipal Address (if applicable): \_\_\_\_\_

Roll Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Consent File and Date Approved: \_\_\_\_\_

**Receiving Parcel (if applicable)**

Municipal Address (if applicable): \_\_\_\_\_

\_\_\_\_\_

Roll Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Reason for Request for Cancellation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **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\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 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*