APPLICATION FOR CONSENT

		Date Received.				
		File Number: B -				
1.	Name of Approval Authority:	of Approval Authority: Cobourg Committee of Adjustment.				
2.	Name of Owner:					
	Address & Postal Code:					
	Telephone Number:					
	E-mail Address:					
3.	Name of Agent (if one):					
	Address & Bostol Code:					
	Telephone Number:					
	E-mail Address:					
4.	Conveyance (spe	Agent Agent proposed transaction: (check appropriate space) ecify – e.g. New lot, addition to a lot) e.g. mortgage, lease, easement, right-of-way, correction to				
	• • • • • • • • • • • • • • • • • • • •	urchaser, lease, mortgagee, etc.) to whom land or interest be conveyed, leased or mortgaged:				
	(c) Relationship (if any) of relationship):	f person(s) named in 4(b) to the owner (specify nature of				
5.	Municipality:	Concession No.				
	Lot(s) No:	Reg. Plan No.				
	Lot(s) No:	Reference Plan No.				
	Part(s) No:	Geographic or				
	Street Name:	Former Township: Street No:				

6.	Description of land intended to be severed: Frontage: Depth:					
	Area:					
	Existing Use:					
	Proposed Use:					
7.	Description of land intended to be retained: Frontage: Depth:					
	Area:					
	Existing Use:					
	Proposed Use: Number and use of buildings and structures on the land to be retained:					
	Number and use of buildings and structures on the land to be retained.					
8.	Number of ne lots (not including retained lots) proposed:					
9.	Type of road access for proposed lot (specify): Type of road access for retained lot (specify): Is access by water to proposed lot? Is access by water to retained lot? If proposed access is by water, what boat docking and parking facilities are available for the mainland? (Specify)					
10.	What type of water supply is proposed? (Check appropriate space) Type Proposed Lot Retained Lot Municipally owned/operated pipe water [] []					
	Lake					
	Well					
	Other (specify):					
11.						
12.	2. When will water supply and sewage disposal service be available?					
13.	 (a) Has the owner previously severed any land from this holding? Yes No (b) If the answer to (a) is "yes", please indicate previous severances on the required 					
	sketch and supply the following information for each lot severed:					

Appendix 'B'

	Grantee's Name:				
	Relationship to owner:				
	Use of Parcel:				
	Date Parcel Created:				
14	Has the parcel intended to be severed ever been, or is it now, the subject of an application for a plan subdivision under Section 51 of the PLANNING ACT, 1990 or its predecessors? Yes No				
15	Is the owner, solicitor, or agent applying for additional consents on this holding simultaneously with this application, or considering applying for additional consents in the future? Yes No				
16	Is the owner, solicitor, or agent applying for any minor variance or permission to extend or enlarge under Section 45 of the PLANNING ACT, 1990 in relation to any land that is the subject of this application? Yes No				
DATED at	the of this day of 20 (Town/City/Borough) (Town/City/Borough) (day) (month)				
Si	gnature of Applicant/Authorized Agent				

Appendix 'B'

Ι,	of the		Of						
(Applicant's Name)	(Town/0	City/Borough)	(Town/City/Borough)						
solemnly declare that all of the statements contained in this application 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 if made under oath and by virtue of the CANADA EVIDENCE ACT.									
In consideration of the processing of this application by the Municipality, I acknowledge that any additional costs incurred by the Municipality associated with the processing of the application, including all expenses relating to any legal processing involving the OMB and/or the courts, engineering, planning, surveying, notification (newspaper or other) and other similar expenses (does not include site specific performance or development provisions required under Site Plan or Subdivision Control) will be charged back to the applicant and it is the responsibility of the applicant to pay these charges .									
Declared before me at the:		of							
	(Town/City/Borough)		own/City/Borough)						
in the	of								
(County Name)	••	(County N	lame)						
this day of(day) (i	20 month)								
Applicant or Authorized Agent	Cor	nmissioner							