



United Counties of
Stormont Dundas Glengarry
Planning Services
26 Pitt Street
Cornwall, Ontario K6J 3P2
T: 613-932-1515
F: 613-936-2913

APPLICATION FOR VALIDATION CERTIFICATE
Under Section 57 of the Planning Act Ontario Regulation 197/06

All questions must be completed in **ink or typewritten**, or the application will be deemed incomplete and will not be accepted. Please print clearly.

File No. _____

1. Registered Owner(s) _____

Address: _____

Telephone: Home _____ Bus. _____ Fax _____

Name of Applicant (If different from owner) _____

Address: _____

Telephone: Home _____ Bus. _____ Fax _____

Please specify the person (**only one**) to be contacted if more information is required. All communications will be directed to this one person only.

Registered Owner(s) Applicant(s) Authorized Agent

Name: _____

Address: _____

Telephone: Home _____ Bus. _____ Fax _____

IMPORTANT: The owner's authorization, Page 4 of this application, is required if the application is submitted by a person, or persons, other than the registered owner(s).

2. Location of Subject Land(s)

Municipality: _____

Geographic Township/Village: _____

Concession(s) _____ Lot(s) _____

Registered Plan No.: _____ Lot(s)/Block(s) _____

Reference Plan No.: _____ Part(s) _____

Name of Street or Road: _____

Are there any easements or restrictive covenants affecting the subject land(s)?

YES No

If yes describe the easement or covenant and its effect:

3. Description of parcel affected by this application:

Frontage: _____ Depth: _____ Area _____

Existing Use: _____

Proposed Use: _____

Number and type of existing buildings/structures: _____

4. What is the Official Plan designation(s) of the subject land?

Designation(s): _____

If this application relates directly to an Official Plan amendment(s) currently under review by an approval authority, please indicate the amendment number and applicable file number.

Amendment Number(s) _____ File Number(s) _____

5. All lands are covered by a Zoning By-law, therefore, please indicate what the zoning is for the subject lands.

Zoning: _____

Is the area under discussion the subject of a Zoning By-law Amendment or a Minor Variance?

Yes No

If yes please specify the file Number and status.

File Number: _____ Status: _____

6. Is this a re-submission of a previous application? Yes No

If yes provide previous validations on a sketch and give the following information for each lot validated.

Applicant's Name: _____

Date Parcel Validated: _____

Use of parcel: _____

File Number if Known: _____

7. Has the subject land ever been, or is it now, the subject of an application for a Plan of Subdivision under Section 51, of the Planning Act, or its predecessors?

Yes No

If yes provide the following information.

File Number _____ Date of Final Approval _____

8. Other Information:

Could the title problems with this property be resolved through the Consent Process?

Yes No

If "No" please explain.

An explanation as to the reason and purpose of this Validation must be provided or the application will be deemed to be incomplete.

Explanation for Validation:

9. Authorization:

If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner(s) that the applicant is authorized to make this application on their behalf must be included with this form or alternatively the authorization, as set out below, must be completed by the Registered Owner(s).

I/We, _____ being the

Registered Owner(s) of the land(s) that are subject of this application for Validation, hereby

Authorize, _____ to prepare and

Submit this application.

Date: _____

Signature of Registered Owner(s)

Signature of Registered Owner(s)

Affidavit/Sworn Declaration: This must be completed by the Applicant(s) for the proposed validation.

DECLARATION

I/We _____

of the _____ in the _____
(name of City, Town, Township) (name of County, Region, District)

Do solemnly declare that all the statements contained in this Application for Validation of title for

(Property Description)

Sworn (or declared) before me

At the _____

In the _____

this _____ day of _____, 20__

Signature of registered Owner(s)
/Applicant/Authorized Agent

Signature of Registered Owner(s)
/Applicant/Authorized Agent

A Commissioner of Oaths

10. Additional Information Required

- Written confirmation that the original owners of the property are not available to proceed by way of Consent;
- An up to date abstract of title for the *subject lands and abutting lands* from the deed prior to the contravention of the Planning Act;
- Copies of any outstanding encumbrances (example, mortgages) to determine if any other parties have interest in the property for the purposes of providing notice;
- Copies of the subject deed;
- Copy of property survey if available
- Sketch to identify structures and other details of the subject lands as outlined below.

11. Required Sketch

- The boundaries and dimensions of the subject land;
- The boundaries and dimensions of any abutting land that is owned by the owner of the subject land;
- The location of all land previously validated from the parcel originally acquired by the current owner of the subject land;
- The approximate location of all natural features on the subject land and adjacent land, that in the opinion of the applicant may affect the application, such as buildings, railways, roads watercourses, drainage ditches, river or stream banks, wetlands, wooded areas, barns, wells and septic systems;
- The names of the abutting property owners and the existing uses on the adjacent lands;
- Road names and locations;
- North arrow;
- The location and nature of any easements affecting the subject land.

❖ “Subject Land” means the land to be Validated.