



## PART LOT CONTROL EXEMPTION

### OWNER/APPLICANT/AGENT INFORMATION

Name and address of owner	Name and address of agent (if authorized by owner)
_____	_____
_____	_____
_____	_____
Phone: _____	Phone: _____

### NOTIFICATION

All communications should be sent to the following (check those that apply):

Owner       Applicant       Agent

### LOCATION OF SUBJECT LANDS

Description of the subject land:	
Lot _____	Registered Plan No. _____
Concession _____	Lot(s) No. _____
Municipality _____	Reference Plan No. _____
Street Address _____	Part(s) No. _____

Description of Part Lot Control Details:



# Township of **SOUTH STORMONT**

[www.southstormont.ca](http://www.southstormont.ca)  
P.O. Box 84, 2 Mille Roches Rd  
Long Sault, ON K0C 1P0

## ARE THERE ANY ENCUMBRANCES (eg; mortgages, easements, right of way ect...) AFFECTING THE SUBJECT LANDS?

Yes     No

If Yes, please describe:

## DESCRIPTION OF SUBJECT LANDS

Please attach a scaled sketch of the subject property noting dimensions and existing building footprints.

Are there any buildings or structures on the subject land?    YES     NO

If the answer to above is yes, provide the following information for each building or structure

(Attach additional pages, if required):

Type of building or structure: \_\_\_\_\_

Distance from lot line:    front \_\_\_\_\_ rear \_\_\_\_\_ side(s) \_\_\_\_\_

Height above grade: \_\_\_\_\_

Dimensions (attach sketch): \_\_\_\_\_

Floor area: \_\_\_\_\_

Are any buildings or structures proposed?    YES     NO

If the answer to above is yes, provide the following information for each building or structure proposed

(Attach additional pages, if required):

Type of building or structure: \_\_\_\_\_

Distance from lot line: front \_\_\_\_\_ rear \_\_\_\_\_ side(s) \_\_\_\_\_

Height above grade: \_\_\_\_\_

Dimensions (attach sketch) \_\_\_\_\_

Floor area: \_\_\_\_\_

PHONE: 613-534-8889  
FAX: 613-534-2280  
EMAIL: [info@southstormont.ca](mailto:info@southstormont.ca)



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## CONSENT OF OWNER TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION

If the applicant is not the owner of the land that is the subject of this application, complete the authorization of the owner concerning personal information set out below.

I, \_\_\_\_\_ am the owner of the land that is the subject of this application for a consent and for the purpose of the Freedom of Information and 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 purpose of processing this application.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

## AFFIDAVIT

I, \_\_\_\_\_, of the \_\_\_\_\_ of \_\_\_\_\_, in the \_\_\_\_\_ of \_\_\_\_\_

Make oath and say (or solemnly declare) that all the above information and statements contained in this application are true and that the information contained in documents that accompany 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.

Sworn (or declared) before me at the \_\_\_\_\_ of \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Commissioner of Oaths, etc.

\$ \_\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

Deposit provided by OWNER  AGENT

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

PHONE: 613-534-8889

FAX: 613-534-2280

EMAIL: [info@southstormont.ca](mailto:info@southstormont.ca)