

## Planning & Development

### Removal of Part Lot Control Application Form

For applying for approval under Section 51 of the *Planning Act* and Section 9 of the *Condominium Act*

**Application is hereby made to:**

The Corporation of the County of Grey  
Planning & Development Department  
595 9th Avenue East  
Owen Sound, ON N4K 3E3  
Phone: 519 372-0219 x 1232

Email: [planning@grey.ca](mailto:planning@grey.ca)

**FOR OFFICE USE ONLY**

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

Accepted by: \_\_\_\_\_

Roll Number (s): \_\_\_\_\_

Fee: \$\_\_\_\_\_ Paid [    ]

In accordance with the County of Grey Fees and Services By-law No. 5090-20, or any successor thereto, the following fees are set for the processing of the Approval of Part Lot Control By-laws:

Part Lot Control	\$331.00 plus \$131.00 per parcel created after the first parcel	Total Fee
	\$131.00 x ____ parcels = \$_____ + \$331 =	\$_____

**Grey County File #** \_\_\_\_\_

**Requirements for Submission:**

In addition to the application fee the following is required to be considered a complete application:

<input checked="" type="checkbox"/>	
	1 copy of this form completed and signed
	3 copies of the certified By-law (Issued by the local municipality)

**Payment Options:**

- Visa or Mastercard by calling our Administrative Assistant - ext. 1232
- Cheques payable to County of Grey

**Once the paper copies are signed, we will send a digital version by email.**

How would you prefer to receive the 3 paper copies?

\_\_\_\_ Pick up    \_\_\_\_ Mail    \_\_\_\_ Courier    Details: \_\_\_\_\_

## Applicant Information:

1. Complete the information below and indicate one contact as the primary contact.

All communications will be directed to the primary contact.

**Registered Owner(s):** \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

**Applicant(s):** \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

**Agent:** \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Please indicate the primary contact: [ ] Owner, [ ] Applicant, [ ] Agent

## Property Information:

2. Provide a description of the subject property.

Amalgamated Township: \_\_\_\_\_

Municipal Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Concession: \_\_\_\_\_

Geographic Township: \_\_\_\_\_

Registered Plan: \_\_\_\_\_

Part(s): \_\_\_\_\_ of Lot(s): \_\_\_\_\_

3. Are there any easements or restrictive covenants affecting the subject land?  
[ ] Yes [ ] No

If yes, please provide a description of each easement or covenant and its effect:

\_\_\_\_\_  
\_\_\_\_\_

## Person submitting the Part Lot Control Application:

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

Signature: \_\_\_\_\_

**Authorization:**

4. Owner’s Authorization (if the owner is not the applicant):

If an agent is employed, the registered owner(s) must complete the following  
(or provide similar authorization on the face of the draft plan).

PLEASE PRINT

I (we) \_\_\_\_\_  
(name(s) of owner, individuals or company)

\_\_\_\_\_  
(name(s) of owner, individuals or company)

\_\_\_\_\_  
(name(s) of owner, individuals or company)

Being the registered owner(s) of the subject lands, hereby authorize

\_\_\_\_\_  
(Name of Agent)

To prepare and submit a draft plan of subdivision/condominium for approval.

_____ (signature of owner)	_____ (date)
_____ (signature of owner)	_____ (date)
_____ (signature of owner)	_____ (date)

NOTE: If the owner is an incorporated company, the company seal shall be applied  
(if there is one).

**Declaration:**

19. Declaration (this must be signed in the presence of a Commissioner):

I (we) \_\_\_\_\_  
(name(s) of applicant/agent)

of the \_\_\_\_\_ in the County/Region/District of \_\_\_\_\_  
(City/Town/Township)

Solemnly declare that all of the statement contained in this application and all of the supporting documents are true and complete, 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".

Declared before me at: \_\_\_\_\_

in the County/Region/District of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ .

\_\_\_\_\_  
(signature of applicant/agent)

**Commissioner of Oaths:**

## Applicant's Consent

20. Applicant's consent:

In accordance with the provisions of the Planning Act, it is the policy of the County of Grey to provide public access to all development applications and supporting documentation.

In submitting this development application and supporting documentation, I,

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(applicant)

hereby acknowledge the above noted and provide my consent in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act that the information on this application and any supporting documentation provided by myself, my agents, consultants and solicitors, will be part of the public record and will also be available to the general public.

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(signature)

(date)