

REMOVAL OF "H" – HOLDING PROVISION APPLICATION FORM

Tel. 905-885-2431

Fax 905-885-0507

Email: planning@porthope.ca

For Office Use Only			
File No:	Date Received:	Fee Paid:	

For additional details on the application process, please contact:

Municipal Development Team Office
Planning Services
Municipality of Port Hope
5 Mill Street South

Port Hope, ON L1A 2S6

A complete application consists of:

- 1. Application Fee \$850. Payable by cash, debit or cheque. Cheques can be made payable to the Municipality of Port Hope.
- 2. One (1) copy of the completed and signed original Application Form.
- 3. Three (3) copies of the most recent survey of the subject lands prepared by an Ontario Land Surveyor indicating:
 - Boundaries and dimensions of the subject land including reference to the nearest street;
 - Topographical contours;
 - Natural features such as watercourses, wooded areas, hedges, retaining walls.
- 4. One (1) reduced copy of the plan of survey as required above (no larger than 11-inches x 17-inches).
- 5. A digital PDF version of all sketches provided as a part of this application.
- 6. One (1) copy of the applicable Zoning By-law Amendment in which the "H" Holding provision and conditions for removal were established.
- 7. All documentation required for the Removal of the "H" Holding Provision as outlined in the applicable Zoning By-law Amendment.

Owner/Applicant/Agent Information					
Particulars on the individual(s) involved in the application					
Owner of Subject Lands:					
Mailing Address:					
Telephone:	Fax:		Email:		
Applicant: □ Chec	ck if same as C)wner			
Mailing Address:					
Telephone:	Fax:		E	mail:	
Agent: □ Check if not applicable					
Mailing Address:					
Telephone:	Fax:	Fax:		Email:	
Notification All communications should be sent to the following (check those that apply)					
□ Owner		☐ Applicant			□ Agent

Location of the Subject La Complete applicable lines	nds				
☐ Urban (former Town of Po	rt Hope)				
☐ Rural (former Township of	Hope)				
Municipal Number:		Street Name:			
Lot Number(s):		Concession:			
Lot(s)/Block(s):	(s)/Block(s):		Registered Plan No:		
Part Number(s):	t Number(s):		n No:		
			1		
Background information re Complete applicable lines	equired				
Rezoning File No:					
			Attached?		
Council Resolution:	Date:		□ Yes		
			□ No		
D. Jan Mar	Data		Attached? ☐ Yes		
By-law No:	Date:				
			□ No		
Documentation required for List attached documents	r the removal of	the "H" – Holdi	ng Provision		
Documentation attached for the Removal of		□ Yes			
the "H" – Holding Provision?		□ No			
Please list:					

Authorization of Owner for Applicant/Agent to Make the Application If the applicant/agent is <u>not</u> the owner of the land that is the subject of this application, the written authorization of the owner that the applicant/agent is authorized to make the application must be included with this form, or the authorization set out below must be completed. If the applicant is a corporation, the application shall be signed by an Officer of the Corporation and the Corporation's seal shall be affixed.				
I,				
Am the owner of the land Provision and I authorize:	d that is the subject of this application for Removal of 'H' Holding			
Applicant/Agent (Please Print)				
to make this application o	n my behalf.			
Owner's Signature	x			
Date				
Authorization of Owner for Applicant/Agent to Provide Personal Information If the applicant is <u>not</u> 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 Removal of 'H' Holding Provision and for the purposes of the <i>Municipal Freedom of Information and Protection of Privacy Act</i> , I authorize:				
Applicant/Agent (Please Print)				
As my agent for this application, to provide any of my personal information that will be included in this application or collected during the processing of this application.				
Owner's Signature	x			
Date				

	ner of the land that is the subject of this application, complete the			
• •	r concerning personal information set out below.			
	concerning percental information det dat bolow.			
I,				
Provision and for the pur <i>Privacy Act,</i> I authorize a	that is the subject of this application for a Removal of 'H' Holding poses of the <i>Municipal Freedom of Information and Protection of</i> and consent to the use by or the disclosure to any person or public rmation that is collected under the authority of the <i>Planning Act</i> for ag this application.			
Owner's Signature	x			
Date				
Cost Reimbursement It is required that the a expenses as stated below	applicant agree to be responsible for all reasonable costs and			
l,				
am the applicant and agree to reimburse the Municipality of Port Hope for all reasonable costs and expenses, as determined by Municipal Council, in excess of the application fee, which may be incurred by the Municipality in the processing of this application.				
Applicant's Signature	x			
Date				

Affidavit						
I,					of the	
			of			
in th	е		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 <i>Canada Evidence Act</i> .						
Swor	n (c	or declared) before me at	1			
the			of			
in th	е		of			
this			day of		20	
A Commissioner of Oaths, etc.		X Applicant's Signature				
Commis	ssion	er Stamp Here				

Personal information is being collected on this form under the authority of the *Municipal Act* and the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA). Please note that personal information collected will form part of the public record and is public information subject to the MFIPPA regulations and may be published as part of Council agenda and / or public consultation processes. Questions about the collection of personal information may be directed to the Municipal Clerk at 905.885.4544 or clerk@porthope.ca.