



## REMOVAL OF “H” – HOLDING PROVISION APPLICATION FORM

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

Tel. 905-885-2431  
 Fax 905-885-0507  
 Email: [planning@porthope.ca](mailto:planning@porthope.ca)

**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:
  - o Boundaries and dimensions of the subject land including reference to the nearest street;
  - o Topographical contours;
  - o 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.

<b>Owner/Applicant/Agent Information</b> <i>Particulars on the individual(s) involved in the application</i>		
<b>Owner of Subject Lands:</b>		
Mailing Address:		
Telephone:	Fax:	Email:
<b>Applicant:</b> <input type="checkbox"/> Check if same as Owner		
Mailing Address:		
Telephone:	Fax:	Email:
<b>Agent:</b> <input type="checkbox"/> Check if not applicable		
Mailing Address:		
Telephone:	Fax:	Email:

<b>Notification</b> <i>All communications should be sent to the following (check those that apply)</i>		
<input type="checkbox"/> Owner	<input type="checkbox"/> Applicant	<input type="checkbox"/> Agent

<b>Location of the Subject Lands</b> <i>Complete applicable lines</i>			
<input type="checkbox"/> Urban (former Town of Port Hope)			
<input type="checkbox"/> Rural (former Township of Hope)			
Municipal Number:		Street Name:	
Lot Number(s):		Concession:	
Lot(s)/Block(s):		Registered Plan No:	
Part Number(s):		Reference Plan No:	

<b>Background information required</b> <i>Complete applicable lines</i>		
Rezoning File No: _____		
Council Resolution:	Date:	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
By-law No:	Date:	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Documentation required for the removal of the “H” – Holding Provision</b> <i>List attached documents</i>	
Documentation attached for the Removal of the “H” – Holding Provision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:	

<b>Authorization of Owner for Applicant/Agent to Make the Application</b>	
<i>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>	
I,	
Am the owner of the land that is the subject of this application for Removal of 'H' Holding Provision and I authorize:	
Applicant/Agent (Please Print)	
to make this application on my behalf.	
Owner's Signature	x
Date	

<b>Authorization of Owner for Applicant/Agent to Provide Personal Information</b>	
<i>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>	
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	

<b>Consent of Owner to the Use and Disclosure of Personal Information</b>	
<i>If the applicant is 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>	
I,	
am the owner of the land that is the subject of this application for a Removal of 'H' Holding Provision and for the purposes of the <i>Municipal Freedom of Information and Protection of Privacy Act</i> , 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 <i>Planning Act</i> for the purposes of processing this application.	
Owner's Signature	x
Date	

<b>Cost Reimbursement</b>	
<i>It is required that the applicant agree to be responsible for all reasonable costs and expenses as stated below.</i>	
I,	
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	

<b>Affidavit</b>							
I,						of the	
				of			
in the				of			
<p>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>.</p>							
Sworn (or declared) before me at							
the				of			
in the				of			
this			day of			20	
A Commissioner of Oaths, etc.				X _____ Applicant's Signature			
<i>Commissioner Stamp Here</i>							

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](mailto:clerk@porthope.ca).