



Planning Department
 7 Milne Street, PO Box 359
 Minden, ON KOM 2K0

APPLICATION FOR SEVERANCE AGREEMENT

File No.: _____
 Receipt No.: _____
 Date Received: _____

SECTION "A" - OWNER AND OWNERSHIP INFORMATION

1. Name of Owner(s): _____
 Telephone No.: _____ Residence: _____ Office: _____
 Address: _____
 _____ Postal Code: _____
 E-mail address: _____

2. Name of Authorized Agent (*if any*): _____
 Telephone No.: _____ Residence: _____ Office _____
 Address: _____
 _____ Postal Code: _____
 E-mail address: _____

Note: Unless otherwise requested, all communications will be sent to the agent, if any.

3. (a) Encumbranc (*mortgages*): Yes ___ No ___
 (b) If yes: Name: _____
 Address: _____
 (c) Letter of Consent of Mortgagee (*required before the application will be processed*).
 4. Please attach a copy of deed: _____

SECTION "B" - DESCRIPTION OF SUBJECT LAND

5. Legal Description of subject land:
 Lot: _____ Concession: _____
 Lot/Part: _____ Plan: _____
 Geographic Township of: _____
 Property Assessment Roll No. 4616- -000- -0000
 Civic Address: _____

SECTION "C" - PLANNING INFORMATION

6. Official Plan Designation: _____

7. Zoning By-law Designation: _____

8. Is the property presently the subject of any other applications under the Planning Act?

- (a) Application for official plan amendment Yes ___ No ___ File No. _____
- (b) Application for zoning by-law approval Yes ___ No ___ File No. _____
- (c) Application for minor variance Yes ___ No ___ File No. _____
- (d) Application for subdivision/condominium Yes ___ No ___ File No. _____
- (e) Application for consent (*severance*) Yes ___ No ___ File No. _____

AFFIDAVIT, OWNER'S AUTHORIZATION AND ACKNOWLEDGEMENT

I, _____ of the _____ in the County/District/Regional Municipality of _____ solemnly declare that all the statements contained in this application are true, and 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 the _____ of _____ in the _____ of _____ this _____ day of _____

Signature of owner or authorized agent

A Commissioner of Oaths

If the applicant is not the owner of the land that is subject of this application, the owner must complete the following or a similar authorization attached to the application

Authorization of Owner for Agent to Make the Application, Provide Personal Information

I/We, _____, being the registered owner(s) of the lands subject of this application and I/we hereby authorize _____ to prepare and submit this application on my/our behalf.

(date)

(Signature of owner)

(date)

(Signature of owner)

Authorization of Owner for Agent to Provide Personal Information

I/We, _____, being the registered owner(s) of the lands subject of this application, and for the purposes of the **Freedom of Information and Protection of Privacy Act**, I/we authorize _____, 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 the application.

(date)

(Signature of owner)

(date)

(Signature of owner)

Consent of the Owner

The owner must also complete the following or a similar authorization attached to the application:

Consent of the Owner to the Use and Disclosure of Personal Information and to Allow Site Visits to be Conducted

I/We, _____, being the registered owner(s) of the lands subject of this application and, for the purposes of the Freedom of Information and Protection of Privacy Act, I/we hereby 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 purposes of processing this application. I/we also authorize and consent to representatives of the Township of Minden Hills and the persons and public bodies conferred with under Section 53(10) of the Planning Act entering upon the lands subject of this application for the purpose of conducting any site inspections as may be necessary to assist in the evaluation of this application.

For the purposes of the **Freedom of Information and Protection of Privacy Act**, I further authorize and consent to the use of my name in any Notices required under the authority of the Planning Act for the purpose of processing this application.

(date)

(Signature of owner)

(date)

(Signature of owner)