

**Infrastructure and Development  
Services Department**  
82 Erie Street, 3<sup>rd</sup> Floor  
Stratford, ON N5A 2M4  
Phone: (519) 271-0250  
Fax (519) 271-5966  
www.stratford.ca



## Application for Part Lot Control

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### Office Use Only

File Number: \_\_\_\_\_ Date Accepted: \_\_\_\_\_

Related File Numbers: \_\_\_\_\_

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It is the responsibility of the Owner or Authorized Agent to provide complete and accurate information at all times. This form will not be accepted as a complete application until such time as all questions have been answered and all requirements have been met in the manner requested herein. Please read the following carefully.

The Agent may be the person acting on behalf of the Registered Owner to obtain final approval. Consultant identification is required.

### 1. General Information

**Owner:** \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E Mail: \_\_\_\_\_

**Applicant or Agent** (if any): \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E Mail: \_\_\_\_\_

Communications are to be sent to  Owner  Agent

**2. Ontario Land Surveyor**

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

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

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E Mail: \_\_\_\_\_

**3. Location of the Subject Land (complete applicable lines)**

Registered Plan No. \_\_\_\_\_ Lot(s) No. \_\_\_\_\_

Reference Plan No. \_\_\_\_\_ Part(s) No. \_\_\_\_\_

Name of Street \_\_\_\_\_ Street No. \_\_\_\_\_

Concession \_\_\_\_\_

Location map attached  Yes  No

Survey map attached  Yes  No

**4. Dimensions of Subject Lands (Meters)**

Frontage: \_\_\_\_\_ Depth: \_\_\_\_\_ Area: \_\_\_\_\_

**5. Are there any easements, rights-of-way or restrictive covenants affecting the subject lands?**

Yes

No

If yes, describe the purpose/effect and identify the name and address of the persons who benefit from the easement, right-of-way or covenant.

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

Are there any easements required as part of the application?

Yes

No

If yes, please explain the nature of the easement and provide any relevant documentation with the application.

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**6. Proposed Development**

Has an application been submitted for rezoning or minor variance in order to permit this proposal?

Yes

No

**7. Land Use**

Description of existing use:

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Description of proposed use:

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Status of any construction on the property:

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What is the current official plan designation(s) of the subject land?

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What is the current zoning of the subject land?

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Is the existing or proposed use subject to:

- An approved site plan       An application for site plan approval  
 Neither

*Please attach a copy of the approval or proposed site plan, together with the site plan agreement, if applicable.*

Indicate how the access to individual parcels will be provided

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Indicate why exemption from part lot is being requested

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Type of access (check appropriate box):

- provincial highway
- municipal road, maintained all year
- municipal road, seasonally maintained
- other public road
- right-of-way

Type of water supply proposed (check appropriate box).

- publicly owned and operated piped water system
- privately owned and operated individual well
- privately owned and operated communal well
- lake or other water body
- other means

Type of sewage disposal proposed (check appropriate box):

- publicly owned and operated sanitary sewage system
- privately owned and operated individual septic system
- privately owned and operated communal septic system
- privy
- other means

**8. Have you enclosed the appropriate number of all of the following?**

- Reference Plan – 4
- Reference Plan – AutoCAD – 1 File
- Reference Plan – PDF – 1 File

**9. Authorization**

I hereby authorize the City of Stratford and municipal staff to access the subject site for the purpose of evaluation of the subject application.

\_\_\_\_\_ **Date** \_\_\_\_\_ **Signature of Owner**

If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the applicant is authorized to make the application must be included with this form or the authorization set out below must be completed.

**Authorization of Owner for Agent to Make the Application**

I, \_\_\_\_\_ am the owner of the land that is the subject of this application for site plan and I authorize \_\_\_\_\_ to make this application on my behalf.

\_\_\_\_\_ **Date** \_\_\_\_\_ **Signature of Owner**

**Notice of Collection**

The personal information collected on this form is collected under the authority of the *Planning Act* and will be used by Infrastructure and Development Services staff for the purpose of processing this application and for administrative purposes. All names, addresses and comments will be included in material available to the public and City Council. Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, ON, N5A 6W1 or by telephone 519-271-0250 ext. 5329 during business hours.

If you require this form in an alternate format, contact Development Services at 519-271-0250 extension 5345.