

**Township of McGarry**

**27 Webster Street, P.O. Box 99, Virginiatown, Ontario, P0K 1X0**

**Deeming By-Law Application**

Application #20\_\_\_\_ - D\_\_\_\_\_

[ ] Application for a Deeming By-Law

[ ] Other, *please specify*\_\_\_\_\_

I/We hereby apply, as specified above, to the Corporation of the Township of McGarry. It is expressly understood that this application is in regard only to the lands as hereinafter described, and is made pursuant to the provisions of The Planning Act, R.S.O., 1990. All costs associated with the application shall be paid as per the Fees and Charges By-law.

I/We understand by making this application that the lots so indicated will be merged together into one parcel of land and may not be subdivided at a future date unless there is compliance with the applicable Official Plan policies.

I/We enclose herewith application and processing fees in the amount of \$100.00 for a Deeming By-law in accordance with the Fees and Charges By-law).

DATED AT THE \_\_\_\_\_ OF \_\_\_\_\_ IN  
THE \_\_\_\_\_ OF \_\_\_\_\_ THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant or  
Authorized Agent  
(To be witnessed by a Commissioner)

\_\_\_\_\_  
Signature of Commissioner

\_\_\_\_\_  
Signature of Applicant or  
Authorized Agent  
(To be witnessed by a Commissioner)

\_\_\_\_\_  
Signature of Commissioner

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**To be completed by the Applicant or Authorized Agent (Please print or type)**

1. Name of Applicant \_\_\_\_\_  
Full Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number \_\_\_\_\_
  
2. Name of Applicant \_\_\_\_\_  
Full Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number \_\_\_\_\_
  
3. Name of Applicant's Agent \_\_\_\_\_  
Full Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number \_\_\_\_\_

**NOTE: All correspondence and communications will be directed to the Applicant's Agent unless otherwise specified The Authorized Agent requires a written authorization,**

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4. Full legal Description of the property(s) with is the subject of this Application

**To be answered by the Applicant(s) (Please print or Type)**

5. Are you the registered owner of the subject lands? Yes \_\_\_\_ No \_\_\_\_

6. Do you act on behalf of the registered owner(s)? Yes \_\_\_\_ No \_\_\_\_

7. Present Official Plan Designation(s) \_\_\_\_\_

8. Present Zone Classifications(s) \_\_\_\_\_

9. Present Use of subject lands: \_\_\_\_\_

10. Applicant's reason, argument and/or justification for requiring the proposed Deeming By-Law

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

11. Supplementary and supporting material to be submitted by the Applicant:

a. Survey prepared by an Ontario Land Surveyor or a sketch (attached) prepared by owner(s) showing:

[ ] Applicant's/Owner's total holdings of land in the subject area.

[ ] Land which is to be subject of the requested By-Law clearly indicated thereon

[ ] The location, size and use of all existing buildings or structures on the subject lands and immediately on adjacent properties.

**NOTE: Only fully completed applications accompanied by the necessary supporting materials will be processed.**

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**FREEDOM OF INFORMATION AND PRIVACY**

Personal information contained in this form, collected and maintained pursuant to Section 53 of the Planning Act, will be used for the purpose of responding to the Application and creating a public record. The Owner's Signature acknowledges that "personal information [is] collected and maintained specifically for the purpose of creating a record available to the general public;" per Section 14(1)(c) of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56.

The applicant acknowledges that the Township considers the application forms and all supporting materials, including studies and drawings, filed with this application to be all public information and to form part of the public record. With the filing of an application, the applicant consents to the Township photocopying and releasing the application and any supporting material either for its own use in processing the application, or at the request of the third party, without further notification to or permission from the applicant. The applicant also hereby states that it has authority to bind its consultants to the terms of this acknowledgement. Questions regarding the collection of information should be directed to the Clerk-Treasurer at the Township of McGarry at (705) 634-2145.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date