



APPLICATION FOR CERTIFICATE OF CANCELLATION

The following information and material is to be provided in an application under subsection 53(45) of the Planning Act, R.S.O. 1990, c.P. 13 as amended

This is an application for an owner to request a Certificate of Cancellation of a previous consent (i.e. a lot created by severance consent approval given by the Land Division Committee). The Certificate would provide that subsection 50(12) of the Planning Act, R.S.O. 1990, c.P. 13 as amended does not apply to the subject land. The result of the Certificate would allow for the merging of the subject land with an adjacent parcel or parcels of land.

For reference: Section 50(12) states:

Where a parcel of land is conveyed by way of deed or transfer with a consent given under section 53, subsections (3) and (5) of this section do not apply to a subsequent conveyance of, or other transaction involving, the identical parcel of land unless the council or the Minister, as the case may be, in giving the consent, stipulates either that subsection 3) or subsection (5) shall apply to any such subsequent conveyance or transaction.

APPLICATION AND CERTIFICATE FEE:

The fee for processing a Certificate of Cancellation application and issuing the Certificate through the County of Wellington Land Division Committee is payable to the Treasurer of the Wellington County in cash or by cheque. NSF payments will result in the application being considered as incomplete subject to a "NSF" charge.

Current fee amounts and other information can be obtained by calling the Land Division Office at 519-837-2600, ext. 2170.

APPLICATION SUBMISSION CHECKLIST:

- Application form filled out completely and clearly
- Copy of current deed – subject to cancellation including the Certificate of Official
- Copy of current deed - subject property to be merged with through the cancellation
- Registered Reference Plan
- Solicitor undertaking to provide a copy of the registered cancellation certificate and the registered Consolidation Application within 30 days of the date of registration to the Secretary-Treasurer of the Land Division Committee

Note: Incomplete applications will be returned without further processing until the corrected material is filed.

FURTHER INFORMATION:

County of Wellington Land Division
74 Woolwich St.
Guelph, Ontario N1H 3T9
Telephone: 519-837-2600, Ext. 2170 or 2160 Fax: 519-837-3875

SIGNATURE OF PERSON WHO COMPLETED THE ATTACHED APPLICATION FORM:

I hereby acknowledge that I have read these instructions and have prepared this application to the best of my knowledge in accordance with these instructions:

Owner/ Applicant; Solicitor; Authorized Agent

Date

APPLICATION FOR CANCELLATION CERTIFICATE

Under Section 53 (45) of the Planning Act

1. Approval Authority:

County of Wellington Land Division Committee
County of Wellington Administration Centre
74 Woolwich Street, GUELPH, Ontario N1H 3T9

Phone: 519-837-2600, ext. 2170 or 2160 Fax: 519-837-3875

Required Fee: \$ _____
Fee Received: _____

File No. _____

Accepted as Complete on: _____

2. (a) Name of Registered Owner(s) _____

Address _____

Phone No. _____ Email: _____

(b) Name and Address of Applicant (if different from owner) _____

Phone No. _____ Email: _____

(c) Name and Address of Solicitor or Authorized Agent: _____

Phone No. _____ Email: _____

(d) All Communication to be directed to:

REGISTERED OWNER [] APPLICANT [] SOLICITOR/AGENT []

3. (a) Location of Subject land (land to receive the cancellation certificate):

Local Municipality: _____

Concession _____ Lot No. _____

Registered Plan No. _____ Lot No. _____

Reference Plan No. _____ Part No. _____

Civic Address _____

Are there any easements or restrictive covenants affecting the subject land (s)?

YES [] NO []

If yes describe the easement or covenant and its effect:

(b) Location of benefitting parcel (which would be merged with the subject land following the cancellation):

Local Municipality: _____

Concession _____

Lot No. _____

Registered Plan No. _____

Lot No. _____

Reference Plan No. _____

Part No. _____

Civic Address _____

Are there any easements or restrictive covenants affecting the subject land (s)?

YES [] NO []

If yes describe the easement or covenant and its effect:

4. Intent of Application

What is the purpose for requesting the certificate of cancellation?

5. Please provide the file number of the original Consent: _____

AUTHORIZATION OF OWNER(S) FOR AGENT/SOLICITOR/APPLICANT TO MAKE AN APPLICATION:

The Owner must complete the following to authorize applicant, agent or solicitor to act on their behalf.

NOTE: If more than one owner/purchaser is listed in item #2 of this application, then all owners/applicant must sign this authorization section of the application form or by a letter of authorization duly signed.

If the Owner/Applicant is a corporation, the authorization must be by an officer of the corporation who has authority to bind the corporation.

I, (we), _____ the Registered Owners/Applicant of
_____ Of the _____ in the
County/Region of _____ severally and jointly, solemnly declare that

_____ Is authorized to submit an application for Certificate of Cancellation on my (our) behalf.

Signature(s) of Registered Owner(s) or Corporation's Officer

APPLICANT'S DECLARATION

This must be completed in the presence of a Commissioner for taking Affidavits

I, (we) _____ of the
_____ In the County/Region of
_____ **Solemnly declare that all**
the statements contained in this application for consent for (property description) _____

And all the supporting documents are true, and I, (we), make this solemn declaration conscientiously believing it to be true and complete, and knowing that it is of the same force and effect as if made under oath, and virtue of the CANADA EVIDENCE ACT.

DECLARED before me at the _____
_____ Of _____ (Owner/Applicant/Solicitor)
_____ In the
County/Region of _____
This ____ day of _____ 20 ____ (Owner/Applicant/Solicitor)

APPLICANT'S CONSENT (FREEDOM OF INFORMATION):

In accordance with the provisions of the Planning Act, it is the policy of the County Planning and Development Department to provide public access to all development applications and supporting documentation. In submitting this development application and supporting documentation, I, _____, the applicant, hereby acknowledge the above-noted and provide my consent in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act that the information on this application and any supporting documentation provided by myself, my agents, solicitors, and consultants will be part of the public record and will also be available to the general public.

Signature of Owner/ Applicant/Solicitor/Agent(s)

Date

THIS APPLICATION PACKAGE IS TO BE SUBMITTED TO:

**Secretary-Treasurer
Planning and Development Department
County of Wellington
74 Woolwich Street
Guelph, Ontario
N1H 3T9**

Phone (519) 837-2600 Ext. 2170