



PLANNING DEPARTMENT

988 County Road 10
Millbrook, Ontario
L0A 1G0

Tel: (705) 932-9334
Fax: (705) 932-2784

www.cavanmonaghan.net

Application for Removal of 'h' Holding Symbol

Information to Applicants:

The application form must be complete at the time of submission. Dark blue or black ink only – do not use pencil. The original copy of the application must be submitted to the Township. Incomplete applications will not be accepted.

The applicable Official Plan and Zoning By-law should be consulted by the applicant when preparing an application for A Zoning By-law Amendment.

For additional information, please contact the Township of Cavan Monaghan Planning Department at 988 County Road 10, Millbrook ON L0A 1G0 or by telephone at (705) 932-9334 between 8:30 a.m. and 4:30 p.m.

1. **DATE OF APPLICATION:** _____

2. **OWNER INFORMATION:**

Name of Owner: _____

Address: _____

_____ Postal Code: _____

Telephone: () _____ Fax: _____

E-Mail Address: _____

3. APPLICANT/AGENT INFORMATION:

Name of Applicant or Agent (if different from the Owner):

Address: _____

_____ Postal Code: _____

Telephone: () _____ Fax: _____

E-Mail Address: _____

Please check to whom all communication should be sent:

Owner Applicant Agent

4. DETAILS OF SUBJECT LANDS

Ward: _____ Lot: _____ Concession: _____

Registered Plan of Subdivision: _____

Reference Plan Number and Part Numbers: _____

Street Address: _____

5. EXISTING AND PROPOSED USE OF THE SUBJECT LAND

Existing Use: _____

Proposed Use: _____

6. CURRENT PLANNING STATUS

Official Plan Designation: _____

Zoning: _____

7. HOLDING SYMBOL

Please identify the condition(s) to be satisfied prior to the removal of the "h" holding symbol and how each condition has been satisfied.

8. SWORN DECLARATION

I/We (applicant(s)) _____

of the _____ of _____

solemnly declare that all of the statements and information contained in all the exhibits transmitted herewith 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 by virtue of the Canada Evidence Act and agree to allow the Township of Cavan Monaghan, its employees and agents, to enter upon the subject property for the purposes of conducting surveys and tests that may be necessary to process this application.

I/We also agree to pay an additional funds required by the Township for the processing of this application. Additional funds will not be required until the original application fees have been expended.

Declared before me at the _____

of _____

this _____ day of _____, 20_____.

Signature of Applicant

A Commissioner, etc.

Signature of Property Owner
(if different from Applicant)

Date

I/We also acknowledge that the information requested on this form is collected under the authority of the Planning Act, R.S.O. 1990, Chapter P13, as amended. The information is required in order to process the application. The name and business address of the applicant and/or authorized agent is public information. Any other personal information collected will only be used for internal purposes. Questions about this collection can be made to the Planning Department, 705-932-2929.