



THE CORPORATION OF THE CITY OF WINDSOR

Planning Department

REMOVAL OF THE HOLDING SYMBOL APPLICATION

INSTRUCTIONS

Verify that you are using the most current application form.

In accordance with By-law 199-2007, pre-submission consultation with a staff Planner is mandatory. The Planner will assist you in determining what conditions apply to the subject land and who to contact. A Planner must sign and date the pre-submission consultation section.

You are responsible for ensuring that all conditions for removal of the holding symbol have been satisfied prior to submitting this application.

If the subject property consists of part lots, blocks or closed right-of-ways, an up-to-date Registered Plan, 12R Plan or 12M Plan must be submitted with this application. All Plans must be registered.

Section 1: Provide the full name, address, phone number, fax number and email address of the applicant, agent and registered owner. If any of these are a corporation, provide the full corporate name. Include the full name of the contact person. Indicate who the primary contact is.

Section 2: Provide information about the subject land. This information is used to determine supporting information requirements and to assist in the review of the application.

Section 3: Complete and sign in the presence of a Commissioner of Oaths.

Schedule A: Complete in full and sign.

Submit the application form, supporting information, and the application fee to the Planning Department, 400 City Hall Square East, Suite 404, Windsor, ON N9A 7K6.

The Manager of Development Applications will review the application and may return the application if it is incomplete, if required information is not submitted or if fees are not paid in full. Administration reserves the right to request additional information.

Allow a minimum of 30 days for processing from the date the application is accepted as complete. Applications will be terminated after 90 days of inactivity.

FEE

\$1,126.00 - Fee is subject to change. Verify fee before submitting the application.

The fee is not refundable once the application has been accepted as complete. Methods of payment: MasterCard, Visa, Cash, Debit, or Certified or Personal Cheque payable to The Corporation of the City of Windsor.

CONTACT INFORMATION

Planning Department
Suite 404
400 City Hall Square East
Windsor, Ontario N9A 7K6

Phone: 519-255-6543
Fax: 519-255-6544
Email: planningdept@city.windsor.on.ca
Web Site: www.citywindsor.ca

REMOVAL OF THE HOLDING SYMBOL APPLICATION

Pre-Submission Consultation

Per By-law 199-2007, a pre-submission consultation with a Planner is mandatory to determine what supporting information is required, to verify fees payable and to review the amendment process. The Planner's signature below indicates that the Pre-Submission Consultation process is complete.

Planner's Signature		Date	
<input type="checkbox"/> Adam Szymczak	<input type="checkbox"/> Justina Nwaesei	<input type="checkbox"/> John Revell	<input type="checkbox"/> _____
<input type="checkbox"/> Thomas Cadman	<input type="checkbox"/> Jim Abbs	<input type="checkbox"/> Don Wilson	

Required Supporting Information

You are responsible for ensuring that all necessary conditions for removal of the Holding Symbol have been satisfied prior to submitting this application to the Planning Department.

Provide the information and documentation listed below with this application form

Applicable Rezoning File #: _____ No applicable rezoning file

Council Resolution or By-Law Number: _____ Date: _____

Deed or Offer to Purchase

12R or 12M or Registered Plan

Proof that Conditions for removal of Holding Symbol have been satisfied

Other: _____

REMOVAL OF THE HOLDING SYMBOL APPLICATION

1. Applicant, Agent and Registered Owner Information

Provide in full the name of the applicant, registered owner and agent, the name of the contact person, and address, postal code, phone number, fax number and email address.

If the applicant or registered owner is a numbered company, provide the name of the principals of the company. If there is more than one applicant or registered owner, copy this page, complete in full and submit with this application.

Applicant

Name: _____ Contact: _____
Name of Contact Person

Address: _____

Address: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Registered Owner Same as Applicant

Name: _____ Contact: _____
Name of Contact Person

Address: _____

Address: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Agent Authorized by the Owner to File the Application (if applicable)

Name: _____ Contact: _____
Name of Contact Person

Address: _____

Address: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Who is the Primary Contact?

Applicant Registered Owner Agent

CONTINUED ON NEXT PAGE

REMOVAL OF THE HOLDING SYMBOL APPLICATION

2. Subject Land Information

Municipal
Address

Legal
Description

Assessment
Roll Number

Frontage (m)

Depth (m)

Area (sq m)

3. Affidavit or Sworn Declaration

I, _____ of the _____
name of applicant *municipality*

in the province of _____, make oath and say (or solemnly declare)
province

that the information required by the Planning Act and provided by the applicant in this application is accurate, and that the information contained in the documents that accompany this application is accurate.

Sworn (or declared) before me at the _____
municipality

on this _____ day of _____, 20____
day *month* *year*

Signature of Commissioner of Oaths, etc.

Signature of Applicant

COMPLETE SCHEDULE A ON THE NEXT PAGE

REMOVAL OF THE HOLDING SYMBOL APPLICATION

SCHEDULE A

A. Authorization of Registered Owner for Agent to Make the Application

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

I, _____, am the registered owner of the land that is
name of registered owner

subject of this application to remove the holding symbol and I authorize

_____ to make this application on my behalf.
name of agent

Signature of Registered Owner

Date

If Corporation - I have authority to bind the corporation

B. Consent to Enter Upon the Subject Lands and Premises

I, _____, hereby authorize the members of the Planning Standing Committee and City Council and staff of The Corporation of the City of Windsor to enter upon the subject lands and premises described in Section 2 of the application form for the purpose of evaluating the merits of this application. This is their authority for doing so.

Signature of Registered Owner

Date

If Corporation – I have authority to bind the corporation

C. Acknowledgement of Applicant

I understand that receipt of this application by the City of Windsor Planning Department does not guarantee it to be a complete application. Further review of the application will occur and I may be contacted to provide additional information and/or resolve any discrepancies or issues with the application as submitted.

I further understand that pursuant to the provisions of the Planning Act and the Municipal Freedom of Information and Protection of Privacy Act, this application and all material and information provided with this application are made available to the public.

Signature of Applicant

Date

REMOVAL OF THE HOLDING SYMBOL APPLICATION

DO NOT COMPLETE BELOW – INTERNAL USE ONLY

Receipt and Assignment of Application

Date Received Stamp

This application has been assigned to:

- | | |
|---|---|
| <input type="checkbox"/> Adam Szymczak (AS) | <input type="checkbox"/> Justina Nwaesei (JN) |
| <input type="checkbox"/> John Revell (JR) | <input type="checkbox"/> Thomas Cadman (TC) |
| <input type="checkbox"/> Jim Abbs (JA) | <input type="checkbox"/> _____ |

Complete Application

This application is deemed complete on _____
Date

Signature of Delegated Authority

- | | |
|---|---|
| <input type="checkbox"/> Don Wilson, MCIP, RPP
Manager of Development Applications | <input type="checkbox"/> Thom Hunt, MCIP, RPP
City Planner |
| <input type="checkbox"/> Michael Cooke, MCIP, RPP
Manager of Planning Policy | <input type="checkbox"/> Neil Robertson, MCIP, RPP
Manager of Urban Design |

Internal Information

Fee Paid: \$ _____ Receipt No: _____ Date: _____

Livelihood File – HRM/ _____ Previous Livelihood File: _____

Related HRM Files _____ Previous Zoning File: _____

Other File Numbers: _____

Planning District: _____ Zoning District Map: _____

Secondary Plan/Special Policy Area: _____

Additional Notes: _____

THIS IS THE LAST PAGE OF THE APPLICATION FORM