



**THE CITY OF WINDSOR**

PLANNING & BUILDING SERVICES DEPARTMENT  
Suite 210, 350 City Hall Sq. W., WINDSOR, ONTARIO N9A 6S1  
Tel: 519-255-6543 ext. 6436 or ext. 6450 Fax: 519-255-6544

**APPLICATION FOR VALIDATION OF TITLE/FORECLOSURE/EXERCISE POWER OF SALE**

Please provide the name of the representatives you consulted and the date of your consultation.

**STEP 1 - PRE-CONSULTATION WITH PLANNER - (as required)** Date: \_\_\_\_\_

- Simona Simion [ssimion@citywindsor.ca](mailto:ssimion@citywindsor.ca)
- Zaid Zwayeed [zzwayeed@citywindsor.ca](mailto:zzwayeed@citywindsor.ca)
- Other: \_\_\_\_\_

**ACKNOWLEDGEMENTS REGARDING CONSULTATION PROCESS**

I hereby acknowledge that consultation does not represent approval or denial of this application.

X Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 2 - SUBMIT APPLICATION**

Applications and information for the Committee of Adjustment process may be found on the city of Windsor website: <https://www.citywindsor.ca/residents/planning/Plans-and-Community-Information/City-Council-and-Committees/Committees-Headed-by-Planning/Committee-of-Adjustment/Pages/Committee-of-Adjustment.aspx>  
( MENU ON LEFT HAND SIDE – APPLICATIONS)

Please be advised that your application **MUST** be fully complete (do not leave any unanswered questions) it **MUST** be commissioned prior to submission (page 4, Declaration). We review the application for completeness and clarity **ONLY**, any errors in your submission or incomplete applications, may result in a deferral or not move forward to the meeting due to insufficient or lack of information, and could result in re-submission fees on your behalf.

**When submitting your digital application please provide the subject line with the following information : COA Submission – location address or Roll number ( e.g. COA Submission 344 street name – Minor Variance OR Severance)**

Please email your complete application to [COADJUSTMENT@citywindsor.ca](mailto:COADJUSTMENT@citywindsor.ca)

Once our office is in receipt of your **complete application** (all drawings, and any related materials) and fee, you will be advised under separate email of the scheduled meeting date, time and information on how to join the hearing.

1	<b>Application Information</b>		
	Name of ALL Owners	Contact No.	Business Telephone No.

	Address		Postal Code
	E-Mail Address:		
	Name of Contact Person/Agent (if different than owner)	Contact No.	Business Telephone No.
	Address		Postal Code
	E-Mail Address:		Fax No.
	<b>PAYMENT CONTACT INFORMATION ONLY:</b>		
	<b>Name:</b>		
	<b>Contact No:</b>		
<b>2</b>	<b>Legal Description of lands described in the approval (entire holdings)</b>		
	Municipality	Street Name	Street Address
	Concession Number(s)	Registered/Reference Plan No.	Lot/Part No.(s)
	Parcel No.	Geographic/Former Township	
<b>3</b>	<b>DESCRIPTION OF LAND FOR WHICH VALIDATION OF TITLE/FORECLOSURE/EXERCISE POWER OF SALE</b>		
	<b>Description</b>		<b>Metres</b>
		Frontage	
		Depth	
		Area	
		Existing Use:	N/A
		Proposed Use:	N/A
		Legal Description	N/A
<b>4</b>	<b>DESCRIPTION OF ABUTTING LAND FOR WHICH THE APPLICANT HAS AN INTEREST.</b>		
	<b>Description</b>		<b>Metres</b>
		Frontage	
		Depth	
		Area	
		Existing Use:	N/A
		Proposed Use:	N/A
		Legal Description	N/A

<b>Access</b> (check appropriate space)	Provincial Highway ..... Municipal road, maintained all year ..... Municipal road, seasonally maintained ..... Other public road ..... Right of way ..... Water only. If yes, the docking facilities to be used and the approximate distance of these facilities from the subject land and the nearest public road _____	<b>Land Conveyed</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Abutting Lands</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Water Supply</b>	Publicly owned and operated piped water system... Privately owned and operated..... Individual or communal well..... Lake or other water body..... Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Sewage Disposal</b>	Publicly owned and operated piped sewage system..... Privately owned and operated individual or communal septic tank system..... Pit, privy, or other _____	<b>Land Conveyed</b> <input type="checkbox"/> <input type="checkbox"/>	<b>Abutting Lands</b> <input type="checkbox"/> <input type="checkbox"/>
<b>5 Has there previously been any land severed from these holdings:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown  If yes, please describe previous severances by providing the following for each parcel severed:  Grantee's Name: _____  Relationship (if any) to owner: _____  Use of parcel: _____  Date parcel created: _____			

**Administering Oaths Remotely as Per O.R. 431/20**

**DECLARATION:**

I/WE, \_\_\_\_\_ of the \_\_\_\_\_ (City/Town)  
 of \_\_\_\_\_ (name City/Town) in the \_\_\_\_\_ (County) of \_\_\_\_\_ (name county) ON  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, **SOLEMNLY DECLARE** that all statements contained in this  
 application are true and I/WE 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 and by virtue of the Canada Evidence Act.

(Sign) X \_\_\_\_\_

(Sign) X \_\_\_\_\_

DECLARED BEFORE ME at the \_\_\_\_\_ of \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ A Commissioner etc.

**\*\*\* THIS SECTION MUST BE COMPLETE**

**RECEIPT OF APPLICATION/AUTHORIZATION TO PROCESS**

This application has been received and is accepted for processing, as the application is complete.  
\_\_\_\_\_  
Secretary-Treasurer (or Designate) Date: \_\_\_\_\_

**Minor variance for new construction:** An approved variance is valid and must be acted upon within one (1) year. If a granted variance is not used within required timeline, the application is deemed to be **null and void**. A new Committee of Adjustment application will be required for any expired application. \_\_\_\_\_ **(Please Initial)**

**FOR AGENTS – The owner must complete and sign this authorization if you have been assigned to act on their behalf**

**AUTHORIZATION:**

TO: The Secretary-Treasurer of The Committee of Adjustment for the City of Windsor.

DATE: \_\_\_\_\_, 20\_\_.

I (We) (Owners of the subject lands) \_\_\_\_\_

of the (municipality where you reside) \_\_\_\_\_, hereby authorize

and instruct (agent(s) \_\_\_\_\_ to submit an application to the

Committee of Adjustment in respect to (municipal address or legal description) \_\_\_\_\_

Which I (we) am (are) the registered owner(s), and this shall be my (our) good and sufficient authority to act on my (our) behalf.

**X(Sign)** Note: if the owner is a Corporation, affix seal (if an

**ALL SECTIONS MUST BE COMPLETED AND SIGNED**

**PERMISSION TO ENTER:**

TO: The Secretary-Treasurer of The Committee of Adjustment for the City of Windsor.

DATE: \_\_\_\_\_, 20\_\_.

I hereby authorize the members of the Committee of Adjustment and/or members of the staff of The City of Windsor to enter upon the subject lands and premises for the purpose of evaluating the merits of this application. This is their authority for doing so.

Address of Lands: \_\_\_\_\_

**X Signed:** \_\_\_\_\_

**NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION:**

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 to the Committee of Adjustment. The name and business address of the applicant and/or authorized agent is public information. The address of the property, which is the subject of the application, is also public information. Please be advised that any personal information i.e. name and address may become part of a public record in an electronic form, i.e. web site and/or paper format, i.e. agenda or minutes.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_  
Signature of Applicant and/or Agent

### **SPECIES AT RISK ACKNOWLEDGEMENT**

Ontario's *Endangered Species Act* protects endangered and threatened species — animals and plants in decline and at risk of disappearing from the province by restricting activities that may affect these plants, animals or their habitats.

I acknowledged that it is my sole responsibility as the Applicant to comply with the provisions of the *Endangered Species Act, 2007, S. O. c.6*. This could require me to register an activity, get a permit or other authorization from the Ministry of Natural Resources and Forestry (MNRF) prior to conducting an activity that could impact an endangered or threatened plant or animal or its habitat. I further acknowledge that any *Planning Act, R.S.O. 1990, c.P.13* approval given by the City of Windsor does not constitute an approval under the *Endangered Species Act*, nor does it absolve me from seeking the necessary authorization, approvals or permits from the MNRF prior to conducting any activity that may affect endangered or threatened plant or animal or its habitat. Additional information can be found at the following website <https://www.ontario.ca/page/development-and-infrastructure-projects-and-endangered-or-threatened-species> or by contacting MNRF at the following:

[MNRF.Ayl.Planners@ontario.ca](mailto:MNRF.Ayl.Planners@ontario.ca)  
Ontario Ministry of Natural Resources and Forestry  
Aylmer District  
615 John Street North  
Aylmer, ON N5H 2S8  
Tel: 519-773-9241

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_  
Signature of Applicant and/or Agent

**\*\*DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION IT IS FOR YOUR REFERENCE**

### **DOCUMENTARY EVIDENCE REQUIRED TO SUPPORT APPROVAL REQUEST:**

It is required that the following documentation be provided by the applicant as evidence that approval of the Validation of Title is necessary.

- A) A statement outlining the extenuating circumstances as to why an application for Consent cannot be filed (i.e. original owner who conveyed the property in contravention of The Planning Act cannot be located or is deceased).
- B) A copy of the outstanding encumbrances, containing legal descriptions and addresses. This assists in determining whether other parties have any outstanding interests in the subject property.
- C) A Title Search of the subject lands and abutting lands (if applicable), with supporting documents commencing just before the contravention to the date of application, and showing all outstanding encumbrances.
- D) A site plan of the subject lands and all abutting lands indicating ownership.
- E) A copy of any registered plans or reference plans for the subject lands.
- F) A statement to indicate how compliance with this municipality's Official Plan, Zoning By-laws and severance polices will be maintained.

## **USER FEE SCHEDULE**

a) Validation of Title, Foreclosure, Exercise Power of Sale		<b>\$2,297.70</b>
GIS	+	<b><u>\$ 50.00</u></b>

**Total Application Fee: \$2,347.70**

### **MISCELLANEOUS FEES:**

Notification fee on an application when deferred at the request of the applicant – at time of request by applicant	<b>\$508.20</b>
Issuance of additional Certificates of the Official	<b>\$248.50</b>