



Hamilton

Committee of Adjustment
City Hall, 5th floor, 71 Main Street West
Hamilton, ON L8P 4Y5
Phone: 905-546-2424, ext. 4144
Email: cofa@hamilton.ca

APPLICATION FOR VALIDATION OF TITLE
Under Section 57 of the *Planning Act*, 1996

Office Use Only
Application No. _____
Date Received: _____

1. Name of Owner(s) _____
 Address _____
 Telephone Number _____ Postal Code _____
 Name of Owner's solicitor
 or authorized agent (if applicable) _____
 Address _____
 Telephone Number _____ Postal Code _____

Please specify to whom all communications should be sent:

Owner **Solicitor** **Agent**

2. In whose name is the property registered?

3. When was the property purchased? _____

4. LOCATION OF LAND:
- Geographic or
- Municipality _____ Former Township _____
 Lot(s) No. _____ and Concession No. _____
 Registered Plan No. _____ Lot(s) No. _____
 Reference Plan No. _____ Part(s) No. _____
 Street No. _____ Street Name _____

5. Description of land:
 Frontage _____ Depth _____ Area _____
 Existing Use _____ Proposed Use _____

6. Has a building permit been issued? _____

7. (a) Has construction commenced? _____
 (b) Number and type of buildings and structures. (Please indicate those
 buildings or structures to be demolished).
 Existing _____
 Proposed _____

8. Are there any existing restrictions affecting the land holding (i.e. covenants, rights-of-way, easements, etc., or any proposed reservations of interest that will affect the subject land?)

Yes No

If "yes", the details of all such existing restrictions and proposed reservations must be shown on the plan.

9. Did the previous owner retain any interest in the subject land?

Yes No

If "yes", please give details.

10. Do you have any interest in any abutting parcel of land?

Yes No

If "yes", details must be shown on the plan.

11. Type of road access (specify) _____

12. What type of **water supply** is proposed? (Check appropriate box)

Municipally owned and operated pipe water supply Lake
Well

Other (Specify) _____

13. What type of **sewage disposal** is proposed? (Check appropriate box)

Municipally owned and operated sanitary sewers Septic tank
Pit privy

Other (Specify) _____

14. When will water supply and sewage disposal services be available? _____

15. (a) Has the owner severed any land from this holding? Yes No

(b) If the answer to (a) is "Yes", please indicate previous severances on the required sketch and supply the following information for each lot severed.

Grantee's name _____

Relationship (if any) to owner _____

Use of parcel _____ Date parcel created _____

16. Why do you consider your title may require validation?

17. Is the subject parcel located within or adjacent to an Environmentally Sensitive Area? Yes No

