



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
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2. In whose name is the property registered?

3. When was the property purchased?

4. LOCATION OF LAND:

Municipality	Geographic or 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

