



**Request for Exemption from Part Lot Control**  
(Under Section 50 (7) of the *Planning Act*, RSO 1990, c. P. 13)

PL

**Planning and Development Services**  
65 Harwood Avenue South  
Ajax ON L1S 2H9

Telephone: 905-619-2529, extension 3631  
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Alternative formats of this document can be made available upon request by contacting [Planningservices@ajax.ca](mailto:Planningservices@ajax.ca) or 905-619-2529, extension 3631.

**For Town Use Only**

**File Number:** \_\_\_\_\_

**Date of Receipt:** \_\_\_\_\_

**1. Submission Requirements**

**Materials and Fees**

- Application Form (completed, signed, and commissioned)
- Covering letter outlining the nature of the requested Exemption from Part Lot Control.
- Reference Plan (40R-Plan) illustrating the lot(s)/block(s) that are requested for Exemption from Part Lot Control.
- Surveyor's Frontage and Area Certificate, including the proposed depth of lot(s)/block(s).
- Registered Plan (40M-Plan) with the proposed area for Part Lot Control Exemption **clearly highlighted in red**.
- Building Siting Plan for any proposed semi-detached and townhouse dwelling lots request for Exemption from Part Lot Control.
- Town of Ajax Application Fee (in accordance with the Town's Fees and Charges By-law, as amended; any refunds will be processed according to the By-law)

**Fee Submitted: \$**\_\_\_\_\_

**2. Contact Information**

**Correspondence relating to this application should be sent to (select one only):**

- Owner     Applicant     Agent/Primary Consultant     Other

**Owner(s)**

Organization Name (if applicable): \_\_\_\_\_

Owner(s) Names: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address (with City and Postal Code):  
\_\_\_\_\_

**Applicant (if different from Owner)**

Organization Name (if applicable): \_\_\_\_\_

Applicant(s) Names: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address (with City and Postal Code):  
\_\_\_\_\_

**Agent/Primary Consultant**

Organization Name (if applicable): \_\_\_\_\_

Agent/Primary Consultant Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address (with City and Postal Code): \_\_\_\_\_

**Other**

Name and affiliation: \_\_\_\_\_

Organization Name (if applicable): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mailing Address (with City and Postal Code): \_\_\_\_\_

### 3. Details of the Requested Exemption

**Reason for the proposed Exemption from Part Lot Control**

<b>Uses</b>	<b>Number</b>	<b>Description</b>
Residential	_____	Single detached dwellings
	_____	Semi-detached dwellings
	_____	Townhouse dwellings
	_____	Apartments or other
	_____	<b>Total Dwellings</b>
Industrial	_____	Describe: _____
Commercial	_____	Describe: _____
Minor Redevelopment Proposals	_____	Describe: _____
Other (i.e. easements, rights-of-way, or enabling the sale of lots where a road widening will or has created parts of lots in a Registered Plan)	_____	Describe: _____

### 4. Details of the Subject Lands

Municipal Address: \_\_\_\_\_

Legal Description (Lot, Part, Block, Plan, Concession, Township, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

Subdivision Details (Registered Plan, Block, Implementing Zoning By-law, Subdivision, Date of Subdivision):  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide any additional details on an attached sheet of paper.

## 5. Current Planning Status

Town of Ajax Official Plan Designation	
Zoning	
Subdivision Registration (provide date and number of units within overall M-Plan)	
Location and purpose of any easements or rights-of-way on the subject lands	

## 6. Other Planning Applications or Approvals Required

Please indicate whether the property is the subject of the following **current or previous** planning application applications:

	Application Type	Submitted yes	Submitted no	Office Use Only (File No.)
<input type="checkbox"/>	Official Plan Amendment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Plan of Subdivision or Condominium	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Zoning By-law Amendment	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Land Division	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Site Plan	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Minor Variance or Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

**7. Authorization of Owner**

I/We, \_\_\_\_\_, the named registered owner(s) above hereby authorize \_\_\_\_\_, the named applicant and/or agent above to act as our agent to sign this application, to appear on my/our behalf at any hearing(s) in respect of the application, and to provide any information or material required by the Town in connection with this application. I/we authorize the Town to collect such information from my/our client.

\_\_\_\_\_  
Signature(s) of Owner(s)

\_\_\_\_\_  
Print Name(s)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**8. Affidavit and Sworn Declaration of Owner or Application**

I agree that this application and all submission material submitted in support of this application may be made available for public review, pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*.

I agree to reimburse the Town of Ajax for any costs associated with the peer review of any studies or drawings submitted in support of this application and for any costs associated with the preparation of studies required to evaluate the application by qualified consultants. I further agree to reimburse the Town of Ajax for any costs associated with the Town appearing in support of the application at hearings of the Ontario Land Tribunal.

I hereby certify that all statements contained within this application are true and agree to allow Town staff, or their representatives, reasonable access to the subject lands, to carry out any inspections, tests, and investigations as may be required.

\_\_\_\_\_  
Signature(s) of Owner(s)/Applicant/Agent

\_\_\_\_\_  
Print Name(s)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Declared before me at the \_\_\_\_\_ of \_\_\_\_\_  
in the \_\_\_\_\_ of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Commissioner of Oath's Signature

Personal information contained on this form is collected under the authority of the *Planning Act*, RSO 1990, c. P13, as amended, and the applicable implementing Ontario Regulation, and will be used to evaluate the Request for Exemption from Part Lot Control application. Questions about the collection of personal information should be directed to the Records Manager/FOI Coordinator, 65 Harwood Avenue South, Ajax, Ontario, L1S 2H9, (905) 683-4550, ext. 3343.

If you have any comments on the format or content of this application form, please complete a Customer Feedback Form, which is available at Planning and Development Services, Town of Ajax.