



2021 Division Road North
Kingsville, Ontario N9Y 2Y9
Phone: (519) 733-2305
www.kingsville.ca

APPLICATION FOR: Part Lot Control Exemption

Instructions

Pre-consultation with the Planning Department is required.

Complete all Sections of the application. Include the authorization of the registered property owner(s) if required, see Authorization Page

Applications must include two copies of all supporting plans with all appropriate details relating to the requested exemption.

Submit the completed application, all supporting material and applicable application fee to the Planning Department, Town of Kingsville Municipal Office

Application which are not complete or missing required fee(s) may be returned to the applicant. Administration also reserves the right to request additional information.

Fees

Fees are subject to change. Cheques are to be made payable to the Town of Kingsville.

Type of application:

- PART LOT CONTROL (NEW) - Fee: \$1,700
- EXTENSION OF PART LOT CONTROL - Fee: \$1,100

Contact Information

Robert Brown, H. Ba. MCIP, RPP - Manager, Planning Services ext 250

rbrown@kingsville.ca

OR

Kristina Brcic, MSc, BURPI, Town Planner ext 249 - kbrbic@kingsville.ca

If you would prefer to complete the application offline please click here for a [printable copy](#)

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Part Lot Control Application No: (office use only)

PART A - APPLICATION DETAILS

NAME OF APPROVAL AUTHORITY - COUNTY OF ESSEX

1. Date of pre-consultation with Town: *

2. Date application received by Town:

3: Date application deemed complete by Town:

4: Name of registered owner(s) * 

Best Contact Number: *

Alternative Contact Number: *

Full Mailing Address: *

E-Mail Address: *

Name of Solicitor, Authorized Agent or Applicant (if applicable):

Best Contact Number: *

Full Mailing Address: *

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Please specify to whom all communications are to be sent:

5. Location and description: *

6: Are you aware of any registered, non-registered easements or restrictive covenants on the property(s) in question? *

Yes

No

If Yes, Please provide details:

7. Purpose of Application:

Creation of Individual Semi-detached dwelling units

Number of Units _____

Creation of Individual Townhouse dwelling units

Number of Units _____

Adjustment of Existing Lot Fabric in an Approved Plan of Subdivision

Other (specify) _____

8. Current Official Plan designation of subject land:

9. Current zoning of the subject land:

10. Current use(s) of the subject land:

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11. Is the property subject to an approved Development Agreement? If yes please provide approval date:

12. Will the exemption increase the number of units originally approved in the subdivision plan: *

Yes

No

If yes, how many additional units are proposed? _____

13. Are the units part of an approved storm water management plan:

Prepared by:

Date:

14. Are each of the proposed units serviced individually?

Water

Storm

Sanitary

Yes

No

Yes

No

Yes

No

15. Access to the proposed units:

Municipal Road/Street

County Road

Private Road

Street Name(s): _____

Please include a full listing of all properties that are to be included in the requested exemption including Block, Lot and Municipal Address (if assigned):

Part B - Authorization

To: Clerk/Planner, Town of Kingsville

I/WE, the undersigned, being the registered owner(s) of the above lands hereby authorize the individual noted below to act on my/our behalf regarding the lands which are the subject of this application.

Name of Solicitor or Agent acting on your behalf:

Town/Municipality of the Solicitor or Agent:

Date: _____

Signed: _____

Witness: _____

Date: _____

Signed: _____

Witness: _____

Dated at the _____ of _____ in the _____ of _____
this _____ day of _____, 20____.

Part C - Permission to enter property

To: Clerk/Planner, Town of Kingsville

I hereby authorize the Town Planner or his or her delegate or members of the staff of the Corporation of the Town of Kingsville to enter upon the subject lands and premises for the purpose of evaluating the merits of this application and subsequently to conduct any site inspections that may be required as a condition of approval. This is their authority for doing so.

Pertaining to lands described as: (municipal address) *

Date: _____

Signed: _____

Witness: _____

Date: _____

Signed: _____

Witness: _____

Note: Personal information on this form is collected under the authority of the Planning Act, RSO. 1990, Section 51 and will be used for contacting the applicant(s) and for the processing of the application. Questions about this collection should be directed to the Director of Corporate Services, 2021 Division Road North, Kingsville, ON N9Y 2Y9 519-733-2305

DECLARATION (INDIVIDUAL/JOINT OWNERSHIP)

I _____ of the _____ of _____ in
the County/Municipality of _____ solemnly declare that
all the statements contained in this application and any supporting documentation
is true, and I make this solemn declare 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.

Declared before me at the Town
Kingsville, in the County of Essex
this _____ day of _____ 20__.

A Commissioner.etc. (office use only)

Signature of Registered Owner(s), or
Authorized Agent

DECLARATION (OFFICER OF CORPORATION)

I _____ of the _____ of _____ in
the County/Municipality of _____ am the
_____ of the corporation (owner) of the property which is the
subject of this application. I solemnly declare that all the statements contained in
this application and any supporting documentation is true, and I 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.

Declared before me at the Town
Kingsville, in the County of Essex
this _____ day of _____ 20__.

A Commissioner.etc. (office use only)

Signature of Registered Owner(s), or
Authorized Agent

Thank You

Please submit completed application to Planning Services.