

### Exemption from Part Lot Control and Deeming By-law Application

It is the responsibility of the owner or authorized agent to provide complete and accurate information at all times. This form will not be accepted as an application until such time as all questions have been answered and all requirements have been met in the manner requested herein. Please read the following carefully:

- APPLICATION: It is the responsibility of the Owner or Authorized Agent to provide complete and accurate information at all times. This form will not be accepted as a complete application until such time as all questions have been answered and all requirements have been met in the manner requested herein. Please read the following carefully.
   FEE: Please refer to Fee By-law 211-83, as amended. Payment can be made by credit card payment online (maximum \$60,000) via ePLAN, by certified cheque payable to the City of Markham or by Electronic Funds Transfer (EFT). If paying by EFT, please send an email with the file number and address to DSC@markham.ca. Please note that payments by EFT may take 3-7 business days to be processed.
- AUTHORIZATION: All agents MUST file an authorization form signed by the registered owners when filing on their behalf.
- PLANS: Refer to the submission requirements within the application. All required documents and drawings must be submitted for the application to be considered complete.



**Revised January 2025** 

City of Markham, Development Services, 101 Town Centre Boulevard, Markham, Ontario L3R 9W3 CANADA Telephone: 905.475.4861 Email: DSC@markham.ca



# Exemption from Part Lot Control and Deeming By-law Application

for applying for approval under Section 34 of the Planning Act

Applicants are required to consult with the planning and urban design department prior to removal or modification of any trees or vegetation on the site.

Have you considered development charges?

Please complete all applicable sections of the application form. An incomplete application will be returned to the applicant. Attached to the application must be the corresponding Detailed Application Information Table.

| APPLICATION TYPE (Check one)                        |                               |                 |                         |                                  |          |              |              |               |                   |      |       |          |  |
|---|-------------------------------|-----------------|-------------------------|----------------------------------|----------|--------------|--------------|---------------|-------------------|------|-------|----------|--|
| Deeming By-law                                      |                               |                 |                         | art Lot Control Exemption        |          |              |              |               |                   |      |       |          |  |
| What are the previous developm                      |                               |                 | pme                     | nent applications on subject lar |          |              | s?           | Yes           | No                |      | Do    | n't Know |  |
| Previous file number(s) and date of application(s): |                               |                 |                         |                                  |          |              |              |               |                   |      |       |          |  |
| PROPERTY INFORMATION                                |                               |                 |                         |                                  |          |              |              |               |                   |      |       |          |  |
| Range of Municipal Addresses:                       |                               |                 | s:                      | Street Nos.: S                   |          |              | Street       | reet Name:    |                   |      |       |          |  |
| Registered P  | lan Numb                      | er:             |                         | Lot/ Block Numbe                 |          |              | ock Numbers  | s:            |                   |      |       |          |  |
| Lots to be merged:                                  |                               |                 | Conc. & Lo              |                                  |          | nc. & Lot Nu | Number:      |               |                   |      |       |          |  |
|   |                               |                 | 0                       | WNER/ APP                        | LICA     | NT II        | NF           | ORMAT         | ION               | 1    |       |          |  |
| Property Own  | ner Inform                    | ation: (        | Che                     | eck One): Pe                     | erson(s) | )            |              | Company       |                   |      |       |          |  |
| Registered L  | and Owne                      | r: <sup>s</sup> | urnam                   | ame: Fir                         |          |              | st Name:     |               |                   |      |       | Initial: |  |
| Company Na  | Company Name (if applicable): |                 |                         |                                  |          |              |              |               |                   |      |       |          |  |
| Application Contact: Surname                        |                               | me:             | First Name:             |                                  | ne:      | Initial:     |              | al: Position: |                   |      |       |          |  |
| Address: Street No.:                                |                               | S               | Street Name: Unit Num.: |                                  |          |              |              | Num.:         |                   |      |       |          |  |
| Municipality:                                       |                               | Pro             | Province:               |                                  |          |              | Postal Code: |               |                   |      |       |          |  |
| Telephone:  |                               |                 | Fax: E- Mail:           |                                  |          | E- Mail:     |              |               |                   |      |       |          |  |
| AGENT, SOLICITOR, OR PLANNING CONSULTANT            |                               |                 |                         |                                  |          |              |              |               |                   |      |       |          |  |
| Firm:   |                               |                 |                         |                                  |          |              |              |               |                   |      |       |          |  |
| Application C                                       | Application Contact: Surnam   |                 | me:                     | : First Name                     |          | ie:          |              | Initi         | Initial: Position |      | :     |          |  |
| Address:  | Street No.:                   |                 | S                       | Street Name:                     |          |              |              |               |                   | Unit | Num.: |          |  |
| Municipality:                                       |                               | Pro             | Province:               |                                  |          |              | Postal Code: |               |                   |      |       |          |  |
| Telephone:  |                               |                 | Fax: E- Mai             |                                  |          | E- Mail:     | il:          |               |                   |      |       |          |  |
| Legal Name for Use with Agreements:                 |                               |                 |                         |                                  |          |              |              |               |                   |      |       |          |  |
| Designate to Which All Correspondence Will be Sent: |                               |                 |                         |                                  |          |              |              |               |                   |      |       |          |  |
|   |                               |                 |                         |                                  |          |              |              |               |                   |      |       |          |  |





| APPLICATION DECLARATION  |                         |                              |   |  |  |  |
|--|-------------------------|------------------------------|---|--|--|--|
| I, (name)  | )                       | of the <i>(municipality)</i> |   |  |  |  |
| in the (region) solemnly declare that I am (choose one of following)   |                         |                              |   |  |  |  |
|  | the Owner               |                              | the agent of the owner                          |  |  |  |
|  | an officer of the owner |                              | an officer /employee of the agent of the owner, |  |  |  |
| and that all the statements contained within this application are 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. |                         |                              |   |  |  |  |

## OWNER'S AUTHORIZATION

If an agent is used, the owner must complete this section. If there is more than one owner, a separate authorization from each individual or corporation is required. Attach an additional page or pages in the same format as this authorization if necessary.

being the registered owner of the subject

lands, hereby authorize (print name of agent),

to submit the above application to the City of Markham for approval thereof.

Signature:

١,

Date:

Printed Name of Signatory:

Title:

#### APPLICANT'S SIGNATURE

| , hereby make the above application for PART LOT CONTROL EXEMPTION or DEEMING BY-LAW, declaring all the                      |                    |  |  |  |  |  |
|--|--------------------|--|--|--|--|--|
| nformation contained herein is true and correct, and acknowledging the City of Markham will process the application based on |                    |  |  |  |  |  |
| the information provided. Along with the application, I am submitting a processing fee of \$                                 |                    |  |  |  |  |  |
|  |                    |  |  |  |  |  |
| Signature:   | Title <sup>.</sup> |  |  |  |  |  |

| Printed Name of Signatory: | Date: |
|----------------------------|-------|





### DETAILED APPLICATION INFORMATION TABLE (METRIC)

Project/ Marketing Name:

| T Toject/ Marketing Name.                           |               |                                  |  |
|---|---------------|----------------------------------|--|
| Description of Project/ Applica                     | ation:        |                                  |  |
| Targeted Start Date of Constr                       | ruction:      |                                  |  |
| SITE STATISTICS<br>(All Sections Must Be Completed) |               | PROPOSED<br>(as per application) |  |
| PART LOT CONTROL                                    |               |                                  |  |
| # of Town-house units                               |               |                                  |  |
| # of semi-detached units                            |               |                                  |  |
| DEEMING BY-LAW                                      |               |                                  |  |
| Combined area of lots being of                      | deemed        |                                  |  |
| Development Type (eg: Res/0                         | Com/Ind)      |                                  |  |
| SITE SERVICING                                      |               |                                  |  |
| Municipal Water                                     | Sanitary Sewe | er Private Septic                |  |
| Private Well  | Storm Sewer   | Communal Septic                  |  |

#### Submission Requirements: MUST BE SUBMITTED WITH APPLICATION

| Application Type:                    | Submission Requirements:  |
|--------------------------------------|---|
| <ul> <li>Part Lot Control</li> </ul> | 1 copy of the Reference Plan  |
| <ul> <li>Deeming By-law</li> </ul>   | 1 Registered Plan, all applicable lots to be highlighted in colour. |
|                                      | A detailed description of the proposal (Letter Format)              |
|                                      | Surveyor's Certificate with all lots listed                         |
|                                      | Completed application form  |
|                                      | Applicable fee  |
|                                      | PDF vector based plans/documents                                    |

#### Notes:

- Please refer to drawing requirements.
- The 'Site Statistics' table must be completed. Applications that state: "See Drawings" will not be accepted.
- Colour renderings of site plans and drawings will be required at all public meetings.
- If you have any questions regarding this application form, please contact Development Services at: (905) 475-4861.

