

Department of Community & Development Services

1593 Four Mile Creek Road P.O. Box 100, Virgil, ON LOS 1T0 905-468-3266 • Fax: 905-468-0301

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(Office Use Only)

Surplus Farm Dwelling Information Form

in Support of an Application for Consent under the *Planning Act, R.S.O. 1990 c. P.13, as amended*

Please complete all applicable sections of this form. All measurements are to be provided in metric units. The information requested on this form is required to review the proposal. An incomplete form will be returned to the Registered Owner/Authorized Agent. If you have questions regarding the information requested on this form, please contact the Community & Development Services Department.

All information requested on this form is collected under the authority of the Planning Act, R.S.O. 1990, c. P.13, as amended, and the provisions of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56. The requested information on this application and all accompanying plans, reports, and information is required in order to process this application and will form part of the public record which may be published on the Town of Niagara-on-the-Lake website or by other means. The name and business address of the Registered Owner and/or Authorized Agent is public information. Questions about the collection of information can be made to the Town Clerk.

1. Details of the Subject	Lands							
Municipal Address 944 Concession 1 Road			Assessment Roll Number 262702002113300					
Legal Description Part of Lot 22, Registered Plan No. TP 166								
Lot Area (metric)		Lot Depth (metric) 60.96 m		r the surplus dwelling was constructed roximately 1970				
Provide confirmation that the surplus	dwelling is	apable of human habitation	ion, ε	and that it is not a farm help house:				
The existing dwelling is capable of h	uman habita	tion and is not a farm help	lp ho	use.				
2. Proposed Transaction								
Identify the proposed transaction (i.e	., the propos	ed severance and mergin	ng of	lands):				
It is proposed to sever a surplus farm				consolidate agricultural lands at 944				
Concession 1 Road with the agricultural lands at 1008 Concession 1 Road.								
Identify how/why the dwelling is surp	lus to the ne	eds of the owner/purchasi	sing fa	armer due farm consolidation:				
The owners principal residence is 1008 Concession 1 Road. The dwelling at 944 Concession 1 is surplus to the								
owners needs.								
3. Details of the Lands F	armed by	y the Person to w	vho	m the Dwelling is Surplus				
To whom is the dwelling surplus?			■ Owner □ Purchasing Farmer					
Total area of land farmed (metric):	Total area	of farm land owned (metri	ric):	Total area of farm land leased (metric):				
127 acres (51.4 ha)	127 acres (51.4 ha)		NA				
Identify the locations of all lands farmed by the owner/purchasing farmer:								
				udes 5 parcels located on Concession 1				
& 2, Arnold Road and Line 5 Road for a total of 127 acres. Please see Figure 5 in the Planning Justification Report.								
Identify the crops that are farmed by	the owner/ni	urchasing farmer						
The owner cultivates the following cr			- na					
The OWner cultivates the following co	ans: wine or:	anes Tresh marker hranes	SIDE	aches hillims and sweet cherries				

Identify the location of the owner's/purchasing farmer's principal residence: 1008 Concession 1 Road		
Does the owner/purchasing farmer own any other dwellings? If yes, identify the location of all other dwellings owned by the owner/purchasing farmer: 944 Concession 1 Road 6. Sworn Declaration I, Susan Wheler, Susan Wheler & Associates (Name of Registered Owner/Company or Authorized Agent/Company) IN THE Region of Niagara (Name of Regional Municipality or Province) DO SOLEMNLY DECLARE that the information contained in this form is true and completed the company of the company		
If yes, identify the location of all other dwellings owned by the owner/purchasing farmer: 944 Concession 1 Road 6. Sworn Declaration I, Susan Wheler, Susan Wheler & Associates (Name of Registered Owner/Company or Authorized Agent/Company) IN THE Region of Niagara (Name of Regional Municipality or Province) DO SOLEMNLY DECLARE that the information contained in this form is true and complete the company of the company of the company of Region of Niagara. (Name of City, Town, Township, etc.)	Own	☐ Rent
I, Susan Wheler, Susan Wheler & Associates (Name of Registered Owner/Company or Authorized Agent/Company) IN THE Region of Niagara (Name of Regional Municipality or Province) DO SOLEMNLY DECLARE that the information contained in this form is true and complete the complete of the comp	Yes	□ No
(Name of Registered Owner/Company or Authorized Agent/Company) (Name of City. To the tension of Niagara (Name of Regional Municipality or Province) DO SOLEMNLY DECLARE that the information contained in this form is true and completed before me in		
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(Name of Regional Municipality or Province) DO SOLEMNLY DECLARE that the information contained in this form is true and completed before me in	Town. Township	p. etc.)
Declared before me in Town of NOTZ in the Migana in this form is true and complete (Name of City, Town, Township, etc.)		
Declared before me in Town of NOTZ in the Migazia i	ete.	
Town of Niagara-on-the-Lake. Expires April 25, 2027.	ssioner, etc.,	y or Province)
(Signature of Registered Owner/Authorized Agent) (Signature of Commi	nissioner of Qal	th)

THIS FORM MUST BE SUBMITTED TO:

Town of Niagara-on-the-Lake Community & Development Services 1593 Four Mile Creek Road PO Box 100 Virgil, ON LOS 1T0 Phone: (905) 468-3266 Fax: (905) 468-0301 Website: www.notl.org