

|                 |                      |
|-----------------|----------------------|
| File No:        | Date of Receipt:     |
| Town Fee (\$):  | Regional Fee (\$):   |
| NPCA Fee (\$):  | Operations Fee (\$): |
| Other Fee (\$): | Other Fee (\$):      |

(Office Use Only)

## Application for Approval of a Draft Plan of Subdivision and/or Draft Condominium Description Under the *Planning Act, R.S.O. 1990 c. P.13, as amended*

A pre-consultation meeting with Community & Development Services Staff is required prior to applying for approval of a Draft Plan of Subdivision and/or Draft Condominium Description.

Please complete all applicable sections of this application. All measurements are to be provided in metric units. The information requested on this application is required to review the proposal. An incomplete application will be returned to the Registered Owner/Authorized Agent. If you have questions regarding the information requested on this application, 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. Type of Application

☐ **Approval of a Draft Plan of Subdivision:**

- ☐ New Draft Plan of Subdivision    
 ☐ New Subdivision Agreement (Complete Sections 2-5 and 12-13 only)    
 ☒ Modification of an Approved Draft Plan of Subdivision    
 ☐ Extension of an Approved Draft Plan of Subdivision (Complete Sections 2-4 and 10-13 only)

☐ **Approval of a Draft Condominium Description:**

- ☐ Standard    
 ☐ Vacant Land    
 ☐ Common Elements    
 ☐ Phased    
 ☐ Leasehold  
☐ New Development Agreement (Complete Sections 2-4 and 10-13 only)    
☐ Modification of an Approved Condominium Description    
☐ Extension of an Approved Condominium Description (Complete Sections 2-4 and 10-13 only)

### 2. Details of the Subject Lands

|                                                                                                                                                       |                                                 |                                                      |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------|-----------------------------------------|
| Municipal Address<br><b>46 Paxton Lane</b>                                                                                                            |                                                 | Assessment Roll Number<br><b>2627020025006000000</b> |                                         |
| Legal Description<br><b>Part of Lot 90, formerly, in the Township of Niagara, in the County of Lincoln, designated as Part 1 on plan 30R-3213 sav</b> |                                                 |                                                      |                                         |
| Date the subject lands were acquired:<br><b>2011</b>                                                                                                  | Lot Area (metric):<br><b>1.97h (4.88 acres)</b> | Lot Frontage (metric):<br><b>varies</b>              | Lot Depth (metric):<br><b>irregular</b> |
| Description of easements, rights-of-way, or restrictive covenants applicable to the subject lands (if applicable):<br><b>none</b>                     |                                                 |                                                      |                                         |

### 3. Registered Owner (as shown on the deed and title of the property)

|                                            |                                                |                                  |
|--------------------------------------------|------------------------------------------------|----------------------------------|
| Name                                       | Company Name<br><b>2233497 Ontario Limited</b> | Municipality<br><b>Toronto</b>   |
| Mailing Address<br><b>1858 Avenue Road</b> | Unit Number<br><b>300</b>                      | Postal Code<br><b>M5M 3Z5</b>    |
| Province<br><b>ON</b>                      | Email<br><b>vanmali@look.ca</b>                | Telephone<br><b>416-818-3464</b> |

### 4. Authorized Agent (if one has been authorized)

|                                   |                                                  |                                   |
|-----------------------------------|--------------------------------------------------|-----------------------------------|
| Name<br><b>Jennifer Vida</b>      | Company Name<br><b>J. Vida Consulting</b>        | Municipality<br><b>St. Davids</b> |
| Mailing Address<br><b>Box 522</b> | Unit Number                                      | Postal Code<br><b>L0S 1P0</b>     |
| Province<br><b>ON</b>             | Email<br><b>jennifervidaconsulting@gmail.com</b> | Telephone<br><b>905-246-3061</b>  |

Contact for all future correspondence (select one): ☒ Registered Owner ☐ Authorized Agent

### 5. Solicitor (if different from Authorized Agent)

|                                           |                                                   |                                       |
|-------------------------------------------|---------------------------------------------------|---------------------------------------|
| Name<br><b>Tom Richardson</b>             | Company Name<br><b>Sullivan Mahoney</b>           | Municipality<br><b>St. Catharines</b> |
| Mailing Address<br><b>40 Queen Street</b> | Unit Number                                       | Postal Code<br><b>L2R 5G3</b>         |
| Province<br><b>ON</b>                     | Email<br><b>tarichardson@sullivan-mahoney.com</b> | Telephone<br><b>905-688-6655</b>      |