

Application fee of **\$1,975.00** (non-refundable)

4. REGISTERED OWNER(S)

Name(s): _____ Phone: _____
 Company (if applicable): _____ Extension: _____
 Street Address: _____ Email: _____
 City/Province: _____ Postal Code: _____

5. AUTHORIZED AGENT (if different from registered owner)

Name(s): _____ Phone: _____
 Company (if applicable): _____ Extension: _____
 Street Address: _____ Email: _____
 City/Province: _____ Postal Code: _____

6. PROPERTY INFORMATION

a) Street Address: _____
 Closest Intersection: _____
 Legal Description (from Survey or Plan):
 Lot (s) No: _____ Registered Plan No.: _____
 Lot (s) No: _____ Reference Plan No.: _____
 Part (s) No: _____

7. SUBMISSION NUMBER OF PROVISIONAL CONSENT: _____

8. NUMBER ASSIGNED TO THE CONDITION(S) FOR WHICH YOU ARE REQUESTING A CHANGE:

9. PLEASE PROVIDE DETAILED REASON(S) FOR THE REQUESTED CHANGE:

10. AUTHORIZATION

If this application is being made by an agent that is not the owner of the subject lands, written authorization of the owner is required, as below:

I/we, _____, owner(s) of the land that is the subject of this application, hereby authorize _____ to act on my/our behalf in regard to this application.

Signature of Owner: _____ Date: _____

Signature of Owner: _____ Date: _____

11. ACKNOWLEDGEMENT

I understand that receipt of this application by the City of Kitchener - Planning Division does not guarantee it to be a 'complete' application. Further review of the application will be undertaken and I may be contacted to provide additional information and/or resolve any discrepancies or issues with the application as submitted. Once the application is deemed to be fully complete, the application fee will be deposited and the application will be processed. Submission of this application constitutes consent for authorized municipal staff to enter upon the subject property for the purpose of conducting site visits, including photographs, which are necessary for the evaluation of this application.

I further acknowledge that a City-issued notification sign must be posted at the front of the subject property in a location that is visible from the street. Staff will advise when to post the sign and it shall remain in place for 20 days after the Committee decision has been issued.

Signature of Owner or Agent: _____ Date: _____

12. AFFIDAVIT (to be completed *in person* in the presence of a Commissioner of Oaths)

I/we, _____, of the Town/City of _____, in the County/Regional Municipality of _____, solemnly declare that all of the above statements contained in 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*.

Signature of Owner/Agent

Signature of Owner/Agent

Declared before me at the
Town/City of _____ in the County/Regional Municipality of _____
this _____ day of _____, 20 _____

Signature of Commissioner of Oaths

*Commissioner/Notary – please affix stamp
*Lawyer – please print name beside signature