Town of The Blue Mountains Application – Municipal Land Purchase Inquiry



Planning Services
The Town of The Blue Mountains
P.O. Box 310, 32 Mill Street
Thornbury, ON N0H 2P0

Tel.: (519) 599-3131 Fax.: (519) 599-3018

Email: planning@thebluemountains.ca

APPLICATION

MUNICIPAL LAND PURCHASE INQUIRY

FOR OFFICE USE ONLY:
APPLICATION RECEIVED: (date) DATE ACCEPTED:
FILE NO ROLL NO
FEE RECEIVED: \$ RECEIVED BY:
CECTION 4. DDO JECT INFORMATION
SECTION 1: PROJECT INFORMATION
Please indicate which type of Application you are submitting:
□ Road Allowance Purchase
☐ Municipal Land Purchase
☐ Land Donation
Note that as per Council direction given on July 13, 2020 an application related to the acquisition of a Shoreline Land or a Shoreline Road Allowance will not be received or considered.
SECTION 2: REQUIREMENTS/CHECKLIST FOR COMPLETE APPLICATION:
☐ Original completed and signed Application Form
☐ \$1,193.00 Application Fee (non-refundable) payable to the Town of The Blue
Mountains
☐ Copy of your Deed or Tax Bill (if you own adjoining lands)
SECTION 3: APPLICANT INFORMATION
1. Name of Applicant:
Surname: First Name:
Mailing Address:
Street No. & Name:
Unit Number and/or P.O. Box:
Town/City:
Province:

Postal (Code:	
Contact Phone Nu	mber:	
Email Add	dress:	
SECTION 4: AUTHORIZED AGEN	T	
2. Name of Applicant's Authorized		(if applicable)
Company:	_	· · · ·
Surname:		First Name:
Mailing Address:		
Street No. & N	lame:	
Unit Number and/or P.O	. Box:	
Town	n/City:	
Prov	vince:	
Postal (
Contact Phone Nu		
Email Add	dress:	
SECTION 5: MUNICIPAL PROPI	ERTY I	NFORMATION
Civic Address (if applicable)		
Street No. and Name:		
Property Legal Description:		
Property Roll Number:		
Property Identification Number (PIN No.):		
Do you own adjoining lands		No
Do you own adjoining lands		
		Yes (if yes, please provide civic address/description of adjoining lands)
Intended use of Lands:		
Is any section of the municipal		No
property under water:		Yes
Name of the waterbody fronting		
on (if shoreline):		

SECTION 6: ADJACENT LANDOWNER(S)

Date

Ar	Are there any other adjacent landowners (other than the applicant) located within a 120m radius of the municipal property? If so how many?							
	ECTION 7: ADDITIONAL INFORMATION							
	ease provide any additional information you feel would be beneficial for the nsideration of this Application:							
SE	ECTION 8: APPLICANT CONSENT							
I/V	Ve							
•	ame(s)) being the Applicant(s) herein hereby agree and acknowledge as lows:							
1.	That this Application and any supporting materials, including but not limited to							
	surveys, sketches and photographs filed with this Application are public							
	information and form part of the public record. As public information, the							
	Applicant(s) hereby consents to the Town of The Blue Mountains copying and							
	releasing the Application and supporting materials for either its own use in the							
	processing of the Application or at the request of any third party.							
2.	I/We as the Applicant(s) are responsible for any and all costs which are							
	incurred by the Town of The Blue Mountains in connection to this Application,							
	and the Town's Sale and Other Disposition of Land Policy (POL.COR.07.02)							
	such as the cost of any required appraisals, reference plan of surveys, public							
	advertising, Town of The Blue Mountains' Staff time fee, legal and registration							
	costs, and any other costs which may be incurred by the Town of The Blue							
	Mountains in connection with this Application.							
3.	It is my/our responsibility to notify the Planning & Development Department of							
	the Town of The Blue Mountains, in writing, should I/we decide at any point to							
	no longer proceed with this Application. I/we confirm that any costs which are							
	incurred by the Town of The Blue Mountains until such time as written notice							
	to terminate the Application is received are my/our responsibility.							
4.	By signing below, I/we are confirming that I/we would like to proceed with this							
	Application.							
	Date Name Signature							

Name

Signature

DECLARATION OF APPLICANT OR AUTHORIZED AGENT



make oath and above and that the information conta application is true and that I make the	solemnly ained in a nis declar	(name(s) of Owner or Authorized, in the County/Region of emnly declare that the information contained in any documents that accompany this eclaration conscientiously believing it to be true and effect as if made under oath and by virtue		
For the purposes of the Freedom of authorize and consent to the use by any personal information that is collethe purposes of processing this appl about this collection should be direct Mountains.	or the di ected und lication a	isclosure to any perso der the authority of the and correspondence p	on or public body of MUNICIPAL ACT for urposes. Questions	
It is understood and agreed that the f processing costs (ie. review by munical additional costs or requirements with and processing requirements, (POL.COR.07.02) or as may otherwi municipality (ie: Planning, Legal of Special Studies, other Approvals or my responsibility to provide to and/or all associated costs may result in municipality in like manner as municipality.	cipality). I this app (Town ise be re or Engine Applicat r reimbul refusal	It is further understoodlication, including any Sale and Other I equired or incurred and eering Fees, Public ions, and any other rese the municipality for this application and the second content of the second content in	od and agreed that any additional information Disposition of Land d charged to or by the Notices, Agreements, elated matters), will be r same. Failure to pay d/or collection by the	
EXECUTION OF THIS DECLARATI	ON MUS	ST BE WITNESSED E	BY A	
Sworn or declared before me at the	Town/Ci	ty of	in the	
County/Region of	_ this	day of	20	
Applicant/Agent Signature		Applicant/A	gent Name (Print)	

Commissioner of Oaths

Commissioners Seal

AUTHORIZATION TO ACT AS AGENT



I/We, the undersigned, being the Applicant(s) for this Application:			
(Print name of App	olicant)		
Hereby authorize:			
(Print name of Age	ent)		
Mountains and ac granted by this au writing and deliver Planning and Deve any action taken b	ting on my/our behalf with r thorization shall continue u red such written revocation elopment Services Departn	ng this application to the Town of The Bluerespect to this application. The authority until I shall have revoked such authority in to The Town of The Blue Mountains ment. No such revocation shall invalidate prior to the date The Town of The Blue	, in
Dated the	day of	, 20	
Signature of Appli			
Signature of Appli	cani		

PERMISSION TO ENTER



Date:	
P.O. Box 310	The Blue Mountains 0, 32 Mill Street Ontario N0H 2P0 99-3131
To Whom It I	May Concern,
RE:	Application – Municipal Land Purchase Inquiry Location of Land:
	(Municipal Address)
Blue Mounta	norize the members of Council and members of staff of the Town of The ins to enter onto the above-noted property for the limited purposes of se merits of this application.
Signature of	Applicant/Owner or authorized Agent
Please print	name