



COUNTY OF OXFORD
Certificate of Cancellation of Consent
under Section 53 (45) of the Planning Act

The attached form is to be used only when applying to the County of Oxford for a certificate of cancellation of a previous severance (consent).

A. COMPLETING THE REQUEST

1. The request shall be completed by the property owner or their authorized agent. The request may be submitted by using the attached form, or by submitting a signed letter containing the information as outlined below in the "Checklist".
2. Where the application is being made by an agent, the written authorization of the owner shall accompany the request. For convenience, an authorization form has been included in the attached form.
3. A copy of the previous consent certificate or copy of the transfer must be included with the application.
4. Requests for certificate cancellation will not be considered complete until all requested information has been supplied.

B. FEES

1. The fee for a Cancellation Certificate is \$940.00 per certificate request.

C. CHECKLIST

Request includes:

- Owner name(s), as it currently appears on title
- Solicitor information
- Property address
- Reason for request
- Original consent file number
- Request is signed by owner(s) or authorized agent. (All registered owners must sign the request)
- Signed authorization letter, if application is being made by agent or applicant
- Copy of original consent certificate or transfer



REQUEST FOR CONSENT CANCELLATION CERTIFICATE

1. Registered Owner(s): (AS NAME APPEARS ON TITLE)

Name: _____ Phone: _____
Address: _____ Cell: _____
_____ Postal Code: _____
Email Address: _____

2. Applicant (if other than registered owner):

Name: _____ Phone: _____
Address: _____ Cell: _____
_____ Postal Code: _____
Email Address: _____

3. Solicitor or Agent:

Name: _____ Phone: _____
Address: _____ Cell: _____
_____ Postal Code: _____
Email Address: _____

4. Location of Subject Land:

Municipality _____ former municipality _____
Lot(s) _____ Concession _____
Lot(s) _____ Registered Plan No. _____
Part(s) _____ Reference Plan No. _____

The subject land is located on the _____ side of _____ (St./Rd./Ave./Line)
lying between _____ (St./Rd./Ave./Line) and _____ (St./Rd./Ave./Line)

Street and/or 911 Address (if any): _____

All communications will be sent to those listed above, unless otherwise directed.

OFFICE USE ONLY

Date Application Received Date

PIN

NATURE OF APPLICATION

5. What is the purpose for requesting the certificate of cancellation? _____

6. Please provide the file number of the original Consent: _____

THIS SECTION TO BE COMPLETED IN THE PRESENCE OF A COMMISSIONER FOR TAKING AFFIDAVITS

I / We _____
of the _____ in the _____
(Township or Municipality) (County or Region)

DO SOLEMNLY DECLARE THAT:

All of the prescribed information contained in this application is true and that the information contained in the documents that may accompany this application is true.

DECLARED before me in the _____
of _____ in the _____ Owner / Applicant
_____ of _____
this _____ day of _____ 20____. _____
Owner / Applicant

A Commissioner for Taking Affidavits

MFIPPA Notice of Collection & Disclosure

The collection of personal information on this form is legally authorized under Sec.53 of the *Planning Act* and O.Reg.197/96 for the purpose of processing your planning application. Questions about this collection should be directed to the Director of Community Planning at the County of Oxford, 21 Reeve St., P.O. Box 1614, Woodstock, ON N4S 7Y3 or at 519-539-9800 (ext.3912).

Pursuant to Sec.1.0.1 of the *Planning Act*, and in accordance with Sec.32(e) of the *Municipal Freedom of Information and Protection of Privacy Act*, it is the policy of the County of Oxford to make all planning applications and supporting material available to the public.

AUTHORIZATION OF OWNER(S) FOR AGENT/APPLICANT TO MAKE AN APPLICATION

I/We, _____ of
(name(s) of owner/signing authority)

_____,
(name of company, if applicable)

am/are the owner(s) of the land that is the subject of this/these application(s), and I/We hereby authorize

_____ of
(name of applicant)

_____,
(name of company, if applicable)

to make this/these development application(s) on my/our behalf.

Signature: _____
(signature of owner/signing authority)

Date: _____

Signature: _____
(signature of owner/signing authority)

Date: _____

Signature: _____
(signature of owner/signing authority)

Date: _____

Signature: _____
(signature of owner/signing authority)

Date: _____

NOTE:

Authorization must be provided by ALL parties that appear on title, or by a designated signing officer for a business or organization. Names of individual persons signing must be listed on the authorization form.