



# THE CORPORATION OF THE CITY OF WINDSOR

## Planning Department

### REMOVAL OF THE HOLDING SYMBOL APPLICATION

#### **INSTRUCTIONS**

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**Verify that you are using the most current application form.**

In accordance with By-law 199-2007, pre-submission consultation with a staff Planner is mandatory. The Planner will assist you in determining what conditions apply to the subject land and who to contact. A Planner must sign and date the pre-submission consultation section.

You are responsible for ensuring that all conditions for removal of the holding symbol have been satisfied prior to submitting this application.

If the subject property consists of part lots, blocks or closed right-of-ways, an up-to-date Registered Plan, 12R Plan or 12M Plan must be submitted with this application. All Plans must be registered.

**Section 1:** Provide the full name, address, phone number, fax number and email address of the applicant, agent and registered owner. If any of these are a corporation, provide the full corporate name. Include the full name of the contact person. Indicate who the primary contact is.

**Section 2:** Provide information about the subject land. This information is used to determine supporting information requirements and to assist in the review of the application.

**Section 3:** Complete and sign in the presence of a Commissioner of Oaths.

**Schedule A:** Complete in full and sign.

Submit the application form, supporting information, and the application fee to the Planning Department, 400 City Hall Square East, Suite 404, Windsor, ON N9A 7K6.

The Manager of Development Applications will review the application and may return the application if it is incomplete, if required information is not submitted or if fees are not paid in full. Administration reserves the right to request additional information.

Allow a minimum of 30 days for processing from the date the application is accepted as complete. Applications will be terminated after 90 days of inactivity.

#### **FEE**

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\$1,126.00 - Fee is subject to change. Verify fee before submitting the application.

The fee is not refundable once the application has been accepted as complete. Methods of payment: MasterCard, Visa, Cash, Debit, or Certified or Personal Cheque payable to The Corporation of the City of Windsor.

#### **CONTACT INFORMATION**

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Planning Department  
Suite 404  
400 City Hall Square East  
Windsor, Ontario N9A 7K6

Phone: 519-255-6543  
Fax: 519-255-6544  
Email: [planningdept@city.windsor.on.ca](mailto:planningdept@city.windsor.on.ca)  
Web Site: [www.citywindsor.ca](http://www.citywindsor.ca)

## REMOVAL OF THE HOLDING SYMBOL APPLICATION

### Pre-Submission Consultation

Per By-law 199-2007, a pre-submission consultation with a Planner is mandatory to determine what supporting information is required, to verify fees payable and to review the amendment process. The Planner's signature below indicates that the Pre-Submission Consultation process is complete.

Planner's Signature		Date	
<input type="checkbox"/> Adam Szymczak	<input type="checkbox"/> Justina Nwaesei	<input type="checkbox"/> John Revell	<input type="checkbox"/> _____
<input type="checkbox"/> Thomas Cadman	<input type="checkbox"/> Jim Abbs	<input type="checkbox"/> Don Wilson	

### Required Supporting Information

You are responsible for ensuring that all necessary conditions for removal of the Holding Symbol have been satisfied prior to submitting this application to the Planning Department.

Provide the information and documentation listed below with this application form

Applicable Rezoning File #: \_\_\_\_\_  No applicable rezoning file

Council Resolution or By-Law Number: \_\_\_\_\_ Date: \_\_\_\_\_

Deed or Offer to Purchase

12R or 12M or Registered Plan

Proof that Conditions for removal of Holding Symbol have been satisfied

Other: \_\_\_\_\_

# REMOVAL OF THE HOLDING SYMBOL APPLICATION

## 1. Applicant, Agent and Registered Owner Information

Provide in full the name of the applicant, registered owner and agent, the name of the contact person, and address, postal code, phone number, fax number and email address.

If the applicant or registered owner is a numbered company, provide the name of the principals of the company. If there is more than one applicant or registered owner, copy this page, complete in full and submit with this application.

### Applicant

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
*Name of Contact Person*

Address: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Registered Owner Same as Applicant

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
*Name of Contact Person*

Address: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Agent Authorized by the Owner to File the Application (if applicable)

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
*Name of Contact Person*

Address: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Who is the Primary Contact?

Applicant  Registered Owner  Agent

CONTINUED ON NEXT PAGE

## REMOVAL OF THE HOLDING SYMBOL APPLICATION

### 2. Subject Land Information

Municipal  
Address

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Legal  
Description

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Assessment  
Roll Number

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Frontage (m)

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Depth (m)

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Area (sq m)

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### 3. Affidavit or Sworn Declaration

I, \_\_\_\_\_ of the \_\_\_\_\_  
*name of applicant* *municipality*

in the province of \_\_\_\_\_, make oath and say (or solemnly declare)  
*province*

that the information required by the Planning Act and provided by the applicant in this application is accurate, and that the information contained in the documents that accompany this application is accurate.

Sworn (or declared) before me at the \_\_\_\_\_  
*municipality*

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
*day* *month* *year*

\_\_\_\_\_  
Signature of Commissioner of Oaths, etc.

\_\_\_\_\_  
Signature of Applicant

**COMPLETE SCHEDULE A ON THE NEXT PAGE**

# REMOVAL OF THE HOLDING SYMBOL APPLICATION

## SCHEDULE A

### A. Authorization of Registered Owner for Agent to Make the Application

If the applicant is not the registered owner of the land that is the subject of this application, the written authorization of the registered owner that the applicant is authorized to make the application must be included with this application form or the authorization below must be completed.

I, \_\_\_\_\_, am the registered owner of the land that is  
*name of registered owner*

subject of this application to remove the holding symbol and I authorize

\_\_\_\_\_ to make this application on my behalf.  
*name of agent*

\_\_\_\_\_  
Signature of Registered Owner

\_\_\_\_\_  
Date

If Corporation - I have authority to bind the corporation

### B. Consent to Enter Upon the Subject Lands and Premises

I, \_\_\_\_\_, hereby authorize the members of the Planning Standing Committee and City Council and staff of The Corporation of the City of Windsor to enter upon the subject lands and premises described in Section 2 of the application form for the purpose of evaluating the merits of this application. This is their authority for doing so.

\_\_\_\_\_  
Signature of Registered Owner

\_\_\_\_\_  
Date

If Corporation – I have authority to bind the corporation

### C. Acknowledgement of Applicant

I understand that receipt of this application by the City of Windsor Planning Department does not guarantee it to be a complete application. Further review of the application will occur and I may be contacted to provide additional information and/or resolve any discrepancies or issues with the application as submitted.

I further understand that pursuant to the provisions of the Planning Act and the Municipal Freedom of Information and Protection of Privacy Act, this application and all material and information provided with this application are made available to the public.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# REMOVAL OF THE HOLDING SYMBOL APPLICATION

## DO NOT COMPLETE BELOW – INTERNAL USE ONLY

### Receipt and Assignment of Application

Date Received Stamp

This application has been assigned to:

- |   |   |
|---|---|
| <input type="checkbox"/> Adam Szymczak (AS) | <input type="checkbox"/> Justina Nwaesei (JN) |
| <input type="checkbox"/> John Revell (JR)   | <input type="checkbox"/> Thomas Cadman (TC)   |
| <input type="checkbox"/> Jim Abbs (JA)      | <input type="checkbox"/> _____                |

### Complete Application

This application is deemed complete on \_\_\_\_\_  
*Date*

Signature of Delegated Authority

- |   |   |
|---|---|
| <input type="checkbox"/> Don Wilson, MCIP, RPP<br>Manager of Development Applications | <input type="checkbox"/> Thom Hunt, MCIP, RPP<br>City Planner                 |
| <input type="checkbox"/> Michael Cooke, MCIP, RPP<br>Manager of Planning Policy       | <input type="checkbox"/> Neil Robertson, MCIP, RPP<br>Manager of Urban Design |

### Internal Information

Fee Paid: \$ \_\_\_\_\_ Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_

Livelihood File – HRM/ \_\_\_\_\_ Previous Livelihood File: \_\_\_\_\_

Related HRM Files \_\_\_\_\_ Previous Zoning File: \_\_\_\_\_

Other File Numbers: \_\_\_\_\_

Planning District: \_\_\_\_\_ Zoning District Map: \_\_\_\_\_

Secondary Plan/Special Policy Area: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS IS THE LAST PAGE OF THE APPLICATION FORM**