



## **Town of Aurora**

### **Exemption From Part Lot Control Application Form**

#### **Planning and Development Services Development Planning Division**

Phone: 905-726-4700  
Fax: 905-726-4736  
Email: [planning@aurora.ca](mailto:planning@aurora.ca)



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## Exemption from Part Lot Control Application Form

This Application Form is available in digital format on the Town's Website under Planning and Development Services or contact [planning@aurora.ca](mailto:planning@aurora.ca) via e-mail or by calling 905-726-4700 for a copy. A processing fee in the amount specified on the Fee Calculation Worksheet shall be made payable to **The Town of Aurora (Cheque)**. The fee must be delivered to Planning and Development Services at Town Hall located on the 3<sup>rd</sup> floor, quoting the address of the proposed development. Please note that this fee is **non-refundable** regardless of the outcome pertaining to this request. Planning Applications will not be accepted unless the full Application fee and required material is received.

The undersigned hereby applies to the Town of Aurora in respect to the lands hereinafter described for Exemption from Part Lot Control.

### 1. Owner/Applicant/Agent Information

(Please list additional Property Owners on an attached schedule, if applicable)

**Registered Owner(s)** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Applicant(s)** \_\_\_\_\_

(If different than above)

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### **Agent(s)**

(Solicitor/Consultant, if applicable) \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_



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## Exemption from Part Lot Control Application Form

### 2. Send Correspondence to

(Check off the appropriate box)

Owner       Applicant       Agent       All

### 3. Location and Description of Property

Municipal Address \_\_\_\_\_  
(If applicable)

Legal Description \_\_\_\_\_

Area \_\_\_\_\_(hectares)      \_\_\_\_\_(acres)

Frontage \_\_\_\_\_(meters)      \_\_\_\_\_(feet)

Depth \_\_\_\_\_(meters)      \_\_\_\_\_(feet)

### 4. Current and Proposed Land Use

Present Use of Property \_\_\_\_\_  
(Also list existing buildings)

Proposed Use of Property \_\_\_\_\_

### 5. Use of Surrounding Lands

North \_\_\_\_\_

South \_\_\_\_\_

East \_\_\_\_\_

West \_\_\_\_\_



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## Exemption from Part Lot Control Application Form

### 6. Planning Information

Existing Official Plan Designation \_\_\_\_\_

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Existing Zoning \_\_\_\_\_

### Pre-Consultation

It is suggested that you discuss the Planning submission with Planning and Development Services prior to filing your formal Application Form. A Draft Reference Plan should be provided for this discussion. To ensure that a member of our staff is available, please arrange an appointment by calling 905-726-4700 or by e-mail at [planning@aurora.ca](mailto:planning@aurora.ca);

Please note that Planning Application Forms will not be accepted unless the full Application Fee and required material identified is received.

### Submission Requirements

- a) Application Fees: Reference should be made to the most current Planning Fees By-law, located on the Town of Aurora's website, Planning and Development Services, or by contacting 905-726-4700 or by e-mail at [planning@aurora.ca](mailto:planning@aurora.ca);
- b) Please provide a digital copy of your application (please refer to the Town's website for electronic submission options), as well as Two (2) hardcopies of the completed Signed Application Form and required materials below:
- c) If this Application Form is executed by either an Agent or Solicitor on behalf of an Applicant, the Owner's Authorization must accompany this Application Form.



**Exemption from Part Lot Control Application Form**

**Affidavit**

I/We	of the Municipality of
In the Region of	
solemnly declare that all the statements contained in this Application Form 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 <i>The Canada Evidence Act</i> .	
SWORN before me at the (City/Town)	of(Municipality)
in the (Region, if Applicable)	of
This	day of , 20
Owner/Agent or Applicant	
Commissioner for Taking Affidavits, etc.	



**Exemption from Part Lot Control Application Form**

**Authorization of Owner**

I/We,	
Hereby authorize (Name of Agent or person authorized to sign this Application Form)	
to act as our Agent to sign this Application Form, to appear on my/our behalf at any hearing(s) in respect of the Application and to provide any information or material required by the Town in connection with this Application Form and I/We hereby authorize the Town to collect such information from my/our client.	
Address	
Legal Description	
Signature(s) of Owner(s)	
Name of Corporation	
Name	Title
Dated this        day of        , 20	
Signing Officer Signature and Corporation seals, if applicable	
Per Name of Corporation	
Name	Title
I/We have the authority to bind the corporation	



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## Exemption from Part Lot Control Application Form

### Public Record Notice and Release

**Public Record Notice:** Pursuant to the section 1.0.1 of the *Planning Act*, R.S.O. 1990, c. P.13, all information and material required in support of your Application will be made available to the public.

I understand and agree that my personal information, as well as any other information and material including, but not limited to, drawings, studies, plans, affidavits, etc., provided on this application form and/or required as part of this application, will be used to create a record that is available to the general public and I do hereby authorize and consent to the release, disclosure, copying and distribution of any such information and/or material to any person or public body.

I also understand and agree that The Corporation of the Town of Aurora (the "Town") is not responsible for protecting and/or enforcing copyrights or any other intellectual property rights that might attach to any information or material provided or submitted as part of this application.

By signing below, I agree to the foregoing and I also agree to release, waive and forever discharge the Town from all actions, claims, demands, losses, costs, damages, suits, proceedings or liabilities whatsoever related to: (a) the collection, handling and release of any information provided on this form and/or required as part of this application; and (b) any copyright or intellectual property rights that might attach to any information or material submitted as part of this application and made available to the public by the Town pursuant to section 1.0.1 of the *Planning Act*.

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Signature of Owner

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Date



100 John West Way  
Aurora, Ontario  
L4G 6J1  
(905) 726-4700  
aurora.ca

Town of Aurora

# Fee Calculation Worksheet

Planning and Development Services

## Pre-Application Consultation Application

This Form must be completed by Applicant for calculation of fees

### Breakdown of Fees

Calculations	Fee	Total
<b>Pre-Application Consultation Fee Level 1:</b> If the Applicant only provides a site plan, with no other supporting information.	\$ 1030.00	\$ _____
<b>Pre-Application Consultation Fee Level 2:</b> If the Applicant provides the following: Site Plan, Landscape Plan, conceptual elevation/images and brief planning justification outlining the proposal and the relevant planning policies.	\$ 670.00	\$ _____
<b>Total Fee Amount</b>		\$ _____

### Payment of Fees

All fees set out herein shall be payable by cheque to the **Town of Aurora** upon the submission of this application. For the Application file to be complete, the required Application Fee must be paid in full before any processing of the Application will commence.

### Staff use only

File Name: _____	File Number: _____
Property Address / Legal Description: _____	
General Ledger Number 1-10-1093-52128-000000-000-000-0000 (PREAPP)	
Verification of Fees: Indicate Correct Total	\$ _____
Staff Name: _____	Date: _____

January 2025