City of Whitehorse Subdivision Application – CONSOLIDATION (FORM B)

Application type:		FOR OFFICE USE ONLY	
☐ By plan of consolidation	**Whitehorse** THE WILDERNESS CITY	Date of receipt	File No.
		Fees Submitted:	

THIS FORM IS TO BE COMPLETED IN FULL WHEREVER APPLICABLE BY THE REGISTERED OWNER OF THE LAND THE SUBJECT OF THE APPLICATION OR BY AN AUTHORIZED PERSON ACTING ON THEIR BEHALF.

1. **REGISTERED OWNER (S)** of the subject land

    _____
    (name in block capitals)

    _____
    (name in block capitals)

    Address _____
    _____
    Phone Number _____
    Email Address _____

2. **AUTHORIZED AGENT** acting on behalf of owner

    _____
    (Name of Agent in block capitals)

    _____
    (Company name in block capitals)

    Address _____
    _____
    Phone Number _____
    Email Address _____

3. **CANADIAN LAND SURVEYOR** If not Authorized Agent

    _____
    (Name of Agent in block capitals)

    _____
    (Company name in block capitals)

    Address _____
    _____
    Phone Number _____
    Email Address _____

4. **LEGAL DESCRIPTION OF LANDS** to be consolidated

All/part of Block/Quad	_____	*Plan Number (LTO)* _____ *Certificate of Title #* _____
All/part of Block/Quad	_____	*Plan Number (LTO)* _____ *Certificate of Title #* _____
All/part of Block/Quad	_____	*Plan Number (LTO)* _____ *Certificate of Title #* _____
All/part of Block/Quad	_____	*Plan Number (LTO)* _____ *Certificate of Title #* _____
All/part of Block/Quad	_____	*Plan Number (LTO)* _____ *Certificate of Title #* _____

(Addition parcel information may be included on the reverse on this form)   *LTO denotes Land Titles Office*

5. **CAVEATS OR ENCUMBRANCES** (easement documents) registered against the title

    a)   Are there any easements or restrictive covenants affecting the subject lands?   ☐ Yes   ☐ No

    b)   If Yes, describe each easement and/or covenant and its effect:

Reference Plan No.	Instrument No.	Purpose of Easement and/or Covenant (e.g. hydro, sewer, pipeline, etc.)

6. **MUNICIPAL ADDRESS OF LAND** to be consolidated

_____, Whitehorse, Yukon _____, Whitehorse, Yukon

7. **OCP AND ZONING OF LAND** to be consolidated

   a) What is the land use designation of the site in the Official Plan?

   b) Does the proposal conform?   YES   NO

   c) If No, has a separate application for an Official Plan Amendment been made?   YES   NO

   d) What is the current zoning of the subject lands?

   e) Does the proposed plan conform to the existing zoning?   YES   NO

   f) If No, have you made a concurrent application for rezoning?   YES   NO

8. **LOCATION OF LAND** to be consolidated

   a. Is the land situated within 30 metres of a river, stream, watercourse, lake or other permanent body of water, or a canal or drainage ditch?

   ☐ Yes   ☐ No

   b. If yes, state its name _____

   c. Is the land situated within 30 metres of a steep slope or escarpment?
   ☐ Yes   ☐ No

   d. State the name of the road which will provide legal access to the lot(s) _____

9. **EXISTING AND PROPOSED USE OF LAND** to be consolidated

   a. Describe existing use of the land _____

   b. Describe proposed use of the land _____

10. **PHYSICAL CHARACTERISTICS OF LAND** to be consolidated

   a. Is there a geo-technical survey report for the land to be consolidated?   ☐ Yes   ☐ No

   b. Is there a topographic survey or drainage plan for the land to be consolidated?   ☐ Yes   ☐ No

   c. Is there an engineered servicing design plan for the land to be consolidated?   ☐ Yes   ☐ No

11. **EXISTING BUILDINGS ON THE LAND PROPOSED** to be consolidated

   a. Describe any buildings, historical or otherwise, and any structures on the land and whether they are to be demolished or moved

   _____

   b. Are all buildings and structures depicted on the proposed subdivision sketch?   ☐ Yes   ☐ No

12. **REGISTERED OWNER (or Authorized Agent)**

   I, _____ hereby certify that I am the registered owner (or authorized agent) and that the
   (full name in block capitals)

   information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for subdivision / consolidation / realignment approval.

   Address _____   Phone number _____

   Email Address _____

   Date _____   Signature _____
                                                                    (signature of registered owner or authorized agent)

FURTHER INFORMATION MAY BE PROVIDED BY APPLICANT ON ADDITIONAL ATTACHMENTS