

City of Whitehorse Subdivision Application – CONSOLIDATION (FORM B)

Application type:

By plan of consolidation



FOR OFFICE USE ONLY

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

Address _____

_____ (name in block capitals)

Phone Number _____

_____ (name in block capitals)

Email Address _____

2. AUTHORIZED AGENT acting on behalf of owner

Address _____

_____ (Name of Agent in block capitals)

Phone Number _____

_____ (Company name in block capitals)

Email Address _____

3. CANADIAN LAND SURVEYOR If not Authorized Agent

Address _____

_____ (Name of Agent in block capitals)

Phone Number _____

_____ (Company name in block capitals)

Email Address _____

4. LEGAL DESCRIPTION OF LANDS to be consolidated

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

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