



2026

## VALIDATION OF TITLE/CANCELLATION CERTIFICATE SUPPORTING INFORMATION FORM

OWNER AND APPLICANT INFORMATION	
Address of Subject Land:	
Legal Description:	
Registered Owner on Title:	
Address:	
Telephone:	e-mail:
Applicant or Agent:	
Address:	
Telephone:	e-mail:

MORTGAGE, HOLDERS OF CHARGES OR OTHER EMCUMBERANCES	
Institution/Company:	
Contact/Reference:	
Address:	
Telephone:	e-mail:

CONDOMINIUM MANAGEMENT OFFICE INFORMATION	
Condominium Corporation Name:	
Condominium Office Address:	
Telephone:	e-mail:



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1. Please select Consent Type:

<b>Conveyance Type:</b>	<b>CHECK HERE</b>	<b>Mortgage or Easement Type:</b>	<b>CHECK HERE</b>
<b>Validation of Title</b> Correction to a contravention to the Planning Act that has already occurred to prevent the conveyance of land or creation of an interest in land	<input type="checkbox"/>	<b>Cancellation Certificate</b> Cancellation of a previously approved severance to give the effect of treating the parcel as though the previous consent had not been given	<input type="checkbox"/>

2. Provide the dimensions of the Subject Lands intended to be dealt with in this application  
(**Validation Certificate Only**).

<b>Current Property Information (metric)</b>	
Total number of new lots being created	
Frontage	
Area	
Average Width	
Average Depth	
Existing Use	
Proposed Use	
<b>Building (list all proposed structures)</b>	

3. Provide the current dimensions of land for each parcel previously conveyed and retained, as well as final dimensions of land subject to the Cancellation (**Cancellation Certificate Only**). If multiple lots/parts exist, provide a complete list as a separate attachment.

<b>Properties Subject to Cancellation (Metric)</b>			
File No. (to be assigned by Staff)			
Part Number(s) on the proposed R-Plan			
Frontage			
Area			
Average Width			
Average Depth			
Existing Use			
Proposed Use			
<b>Building (list all proposed structures)</b>			

4. Will applications for Minor Variance be required as part of this proposal?  Yes  No



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5. Land Access:

Check the applicable access	Subject Property	Retained Property
Unopened Road Allowance		
Open Municipal Road		
Regional Road		
Provincial Highway		
Other (specify)		
Water Access		

If access is by water only, indicated the parking and docking facilities used or to be used and the approximate distance of these facilities from the subject land and the nearest public road:

6. Water Supply Type:

Check applicable water supply	Subject Property	Retained Property
Municipal Owned/Operated Water		
Lake		
Well		
Other (specify)		

7. Sewage Disposal System

Check Sewage Disposal System	Subject Property	Retained Property
Municipal Owned/Operated Sanitary Sewers		
Septic Tank		
Pit Privy		
Other (specify)		

8. What is the Parent Zoning By-Law number? \_\_\_\_\_

9. What is the Zoning By-law Designation? \_\_\_\_\_

10. What is the Official Plan Designation? \_\_\_\_\_

11. a) Has the owner previously conveyed any land from this holding?  Yes (If yes, answer b)  No

b) If yes, indicate previous conveyances on the required plans and supply the following information for each lot conveyed:

<b>Grantee's Name</b>	
<b>Relationship (if any) to owner</b>	
<b>Use of parcel</b>	
<b>Date parcel was created</b>	



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12. Has the subject land ever been the subject of an application for approval of a plan of subdivision or consent under the *Planning Act*?  Yes  No

If yes, include the file number and status of the application:

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13. Is the owner applying for additional consents on this holding simultaneously with this application, or considering applying for additional consents in the future, or is the owner intending to merge the severed lands with an adjacent parcel of land?  Yes  No

14. Is the land the subject of any other application under the *Planning Act*, such as an application for approval of an official plan or official plan amendment, a zoning by-law amendment, a Minister's zoning order amendment, a minor variance, or approval of a plan of subdivision or a consent?

Yes  No

If yes, please give details, **including file number and status:**

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### Complete this section only if a Certificate of Validation is requested

15. When did the contravention of Section 50 of the Planning Act, or a predecessor thereof occur?

16. Please describe the nature of the contravention (attach schedule if required).

### Complete this section only if a Certificate of Cancellation is requested

17. Please provide the File Number of the Previous Consent in which Cancellation is being requested:

18. Please provide the legal description of the lands that are subject to the cancellation (Including PIN):



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19. Is the application consistent with Policy Statements issued under Subsections 3(1) of the *Planning Act*?  Yes  No

20. Is the subject land within an area of land designated under any Provincial Plan or Plans?  
 Yes  No

If yes, does the application conform to or not conflict with the applicable Provincial Plan or Plans?  Yes  No

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21. RESTRICTIONS ON THE LAND:

Are there any existing restrictions affecting the land holding, i.e., covenants, rights-of-way, easements etc., or any proposed reservations of interest that will affect the subject land?  
 Yes  No

If “yes”, the details of all such existing restrictions and proposed reservations **MUST** be shown on the plans required in Section 18 to permit the Committee to consider the effect on the application.

**If “no” and the application is approved, the Committee will not accept a document for attachment of a Certificate pursuant to Section 53 of the *Planning Act*, that contains reference to any existing restrictions or proposed restrictions since the document will not conform to the application before Committee.**



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### Declaration of Applicant / Authorized Agent

I/We \_\_\_\_\_ the Owner (or Agent as declared), hereby agree  
*(Type or print name)*

and acknowledge that it is the applicant and/or agent's responsibility to ensure that all information contained in this application and information contained in the documents that accompany this application are true and complete.

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*(signature of owner(s) or authorized agent)*

*Date*



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### AUTHORIZATION OF OWNER(S)

I/We, \_\_\_\_\_ the undersigned,

hereby authorize \_\_\_\_\_  
*(print full name, including company)*

to submit the enclosed application to the Committee of Adjustment of the Corporation of the City of Markham, and to appear on my/our behalf at any hearing(s) of the application, and further, to provide any information or materials required by the Committee relevant to the application.

**Note:** If the owner is a corporation, this appointment and authorization shall include the statement that the person signing this appointment and authorization has authority to bind the corporation (or alternatively, the corporate seal shall be affixed hereto).

Signature(s): \_\_\_\_\_