

**APPLICATION FOR
CROWN LANDS**

FOR DEPARTMENT USE ONLY

APPLICATION NO. _____	RECEIPT NO. _____
FILE NO. _____	AMOUNT _____ DATE _____
DATE REGISTERED _____	INDICATED ON PLAN NO. _____
INITIAL _____	TOPO NO. _____ INITIAL _____

APPLICATION INFORMATION

SURNAME	GIVEN NAME	MIDDLE NAME	AGE
MAILING ADDRESS			
CITY/TOWN	PROVINCE	POSTAL CODE	
BUSINESS TELEPHONE		HOME TELEPHONE	
ARE YOU A RESIDENT OF THE PROVINCE OF NEWFOUNDLAND AND LABRADOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU AN EMPLOYEE OF THE DEPARTMENT OF ENVIRONMENT AND CONSERVATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU, YOUR SPOUSE, OR ANY DEPENDENT CHILDREN EVER APPLIED FOR, OR RECEIVED LAND FROM THE CROWN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, SPECIFY TITLE NO(s). _____			

PROPOSED TENURE AND USE

TYPE OF APPLICATION	<input type="checkbox"/> LEASE	<input type="checkbox"/> GRANT	<input type="checkbox"/> LICENCE TO OCCUPY
LAND USE	<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> COTTAGE	<input type="checkbox"/> AQUACULTURE
	<input type="checkbox"/> COMMERCIAL (provide detailed description below)	<input type="checkbox"/> OTHER (provide details below)	<input type="checkbox"/> AGRICULTURE (provide details below)
DESCRIBE BUILDINGS TO BE ERECTED (if applicable)			
DIMENSIONS: LENGTH _____ WIDTH _____			
PROPOSED WATER AND SEWAGE FACILITIES (if applicable)			
<input type="checkbox"/> WELL	<input type="checkbox"/> SEPTIC	<input type="checkbox"/> MUNICIPAL WATER	<input type="checkbox"/> MUNICIPAL SEWER
<input type="checkbox"/> OTHER (provide details below)			

LAND DESCRIPTION

THE LAND IS SITUATED AT	
IN THE ELECTORAL DISTRICT OF	
IS THE LAND APPLIED FOR LOCATED WITHIN MUNICIPAL BOUNDARIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, YOU MUST ENCLOSE A MUNICIPAL RECOMMENDATION FORM IF YES, YOU MUST ENCLOSE A MUNICIPAL RECOMMENDATION FORM NOTE: THIS FORM IS AVAILABLE FROM THE MUNICIPAL COUNCIL, REGIONAL LANDS OFFICE, & GOVERNMENT SERVICE CENTRES	
APPROXIMATE DIMENSIONS OF THE LAND	
FRONTAGE _____ metres	DEPTH _____ metres
DISTANCE TO CLOSEST WATERBODY _____ metres	NAME OF WATERBODY (if applicable)
IS THE SITE ACCESSIBLE BY ROAD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, WILL THE SITE REQUIRE NEW ROAD CONSTRUCTION FOR ACCESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT WILL BE THE APPROXIMATE LENGTH OF THE ROAD? _____ metres
FOR SITES WITHOUT ROAD ACCESS, PLEASE INDICATE METHOD OF TRANSPORTATION <input type="checkbox"/> WALKING <input type="checkbox"/> A.T.V. <input type="checkbox"/> BOAT <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> AIRCRAFT	
FOR SITES WITHOUT ROAD ACCESS, LOCATION OF ACCESS ROUTE MUST BE INDICATED ON THE MAP ATTACHED TO THE APPLICATION AND ACCESS BY A.T.V. MUST BE IN ACCORDANCE WITH A.T.V. REGULATIONS.	
IS THE SITE PRESENTLY OCCUPIED: FENCES, BUILDINGS, SIGNS, CLEARING, LOCAL UNDERSTANDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, STATE YEAR OCCUPATION COMMENCED, AREA OCCUPIED AND NAME OF PERSON WHO DEVELOPED OR OCCUPIED THE LAND _____ _____ _____	
ARE YOU AWARE OF ANY EVIDENCE OF PREVIOUS LAND USE, SUCH AS FENCES, BUILDINGS, SIGNS, CLEARING, LOCAL UNDERSTANDING, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, STATE YEAR OCCUPATION COMMENCED, AREA OCCUPIED AND NAME OF PERSON WHO DEVELOPED OR OCCUPIED THE LAND _____ _____ _____	

DESCRIPTION OF LAND

Please Note: When your application is accepted by this Department you are required to identify the site in the field by clearly marking your corner posts. If there is a discrepancy between the area marked in the field and the area indicated on the map, the latter shall prevail.

Sketch the land applied for showing distance to prominent nearby features such as buildings, fences, road intersections. Map must also be attached.

BOUNDED ON NORTH BY
BOUNDED ON SOUTH BY
BOUNDED ON EAST BY
BOUNDED ON WEST BY
<p>PLEASE NOTE: IT IS THE POLICY OF THE CROWN LANDS DIVISION TO ACCEPT APPLICATIONS ON A FIRST COME, FIRST SERVE BASIS. APPLICATIONS MUST BE FULLY COMPLETED, WITH A MAP SHOWING THE EXACT LOCATIONS OF THE LAND APPLIED FOR TOGETHER WITH THE APPLICATION FEE. THE APPROVED MUNICIPAL RECOMMENDATION FORM FROM COUNCIL, IF APPLICABLE, MUST ALSO BE ATTACHED. ONLY THEN WILL THE APPLICATION BE ACCEPTED AND DEEMED REGISTERABLE BY THIS DEPARTMENT.</p>

SKETCH

USE THE AREA BELOW TO SKETCH THE LAND APPLIED FOR SHOWING DISTANCE TO PROMINENT NEARBY FEATURES SUCH AS BUILDINGS, FENCES, ROAD INTERSECTIONS. MAP MUST ALSO BE ATTACHED.

AFFIDAVIT OF APPLICANT (to be read carefully)

I, _____ do hereby make oath and declare as follows:

- (a) The information contained in this application is true and correct to the best of my knowledge and belief.
- (b) I have inspected the land applied for and have found no evidence of occupation (with the exception of No. 6 and/or No. 7 on page 1, where applicable).
- (c) I am not aware of any adverse claim to the land applied for by any person(s).
- (d) I recognize and accept that I am solely responsible for correctly identifying the parcel of land that is the subject of this application.
- (e) I fully understand that acceptance of this application by the Department does not give me any rights or privileges in relation to the land under application.
- (f) **I FULLY UNDERSTAND THAT THE LAND IS NOT TO BE OCCUPIED UNTIL I RECEIVE A FULLY EXECUTED TITLE DOCUMENT.**
- (g) **I FULLY UNDERSTAND THAT, UNDER SECTION 14 OF THE LANDS ACT, THE MINISTER OF GOVERNMENT SERVICES AND LANDS MAY CANCEL OR REFUSE THIS APPLICATION AT HIS OR HER DISCRETION AT ANY TIME PRIOR TO THE DELIVERY OF A FULLY EXECUTED TITLE DOCUMENT.**

Sworn before me

At _____

this _____ day of _____ 20_____

Official Administering Oath

Applicant's Signature

NOTE: A non-refundable processing fee of ONE HUNDRED DOLLARS (\$100.00 plus H.S.T.) must accompany this application.

Cheques or money orders are to be made payable to the NEWFOUNDLAND EXCHEQUER ACCOUNT.

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SUMMARY OF AGENCY REFERRALS

	Approved	Refused	Comments Attached	Date Sent	Date Received
<input type="checkbox"/> Government Service Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Mines Branch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Transportation Branch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Urban and Rural Planning Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Municipal Assessment Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Environmental Assessment Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Water Resources Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Dept. of Fisheries and Aquaculture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Agriculture Branch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Forestry Branch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Wildlife Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Parks Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Municipal Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Fisheries and Oceans (Federal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Tourism Development Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Officers Comments: _____

_____ Date _____ Lands Management/Lands Officer

Recommendation of Regional Office:

Approved (Complete section below) Refused (Give reason)

_____ Date _____ Regional Lands Manager

This section to be completed by Regional Office when approval is recommended.

Area approved _____ Frontage _____ Consideration/Rental _____ Back/Rental _____

Lease Grant Licence Other Type _____

Cabinet approval required Yes No

Special instructions to surveyor (if any): _____

Departmental decision:

Approved Refused Deferred To Cabinet

Special instructions: _____

_____ Date _____ Director of Lands Management

