



Fisheries and Land Resources

## 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 _____

### APPLICANT 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 FISHERIES AND LAND RESOURCES? <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"/> AGRICULTURE (provide details below)	<input type="checkbox"/> OTHER (provide details below)
<hr/> <hr/> <hr/>			
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)			
<hr/> <hr/> <hr/>			

**LAND DESCRIPTION**

1. THE LAND IS SITUATED AT	
IN THE ELECTORAL DISTRICT OF	
2. IS THE LAND APPLIED FOR LOCATED WITHIN MUNICIPAL BOUNDARIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. APPROXIMATE DIMENSIONS OF THE LAND FRONTAGE _____ metres                      DEPTH _____ metres	
4. DISTANCE TO CLOSEST WATERBODY _____ metres	NAME OF WATERBODY (if applicable)
5. 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.	
6. 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	
7. 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
<b>PLEASE NOTE</b> IT IS THE POLICY OF THE CROWN LANDS DIVISION TO ACCEPT APPLICATIONS ON A FIRST COME - FIRST SERVED BASIS. APPLICATIONS MUST BE FULLY COMPLETED, WITH A MAP SHOWING THE EXACT LOCATIONS OF THE LAND APPLIED FOR TOGETHER WITH THE APPLICATION FEE. ONLY THEN WILL THE APPLICATION BE ACCEPTED AND DEEMED REGISTERABLE BY THIS DEPARTMENT.

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 2, 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 FISHERIES AND LAND RESOURCES OR THE LIEUTENANT-GOVERNOR IN COUNCIL MAY CANCEL, AMEND OR OTHERWISE DEAL WITH THE GRANT, LEASE, LICENCE OR EASEMENT 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 AND FIFTY DOLLARS ( \$150.00 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

\_\_\_\_\_ Authorized Signing Official

