



**Newfoundland  
Labrador**  
Environment and Conservation

**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?			ARE YOU AN EMPLOYEE OF THE DEPARTMENT OF ENVIRONMENT AND CONSERVATION?		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<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  
 LEASE     GRANT     LICENCE TO OCCUPY

LAND USE  
 RESIDENCE     COTTAGE     AQUACULTURE     AGRICULTURE (provide details below)  
 COMMERCIAL (provide detailed description below)     OTHER (provide details below)

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DESCRIBE BUILDINGS TO BE ERECTED (if applicable)

DIMENSIONS: LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_

PROPOSED WATER AND SEWAGE FACILITIES (if applicable)  
 WELL     SEPTIC     MUNICIPAL WATER     MUNICIPAL SEWER     OTHER (provide details below)

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**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 <span style="float:right">IF YES, YOU MUST ENCLOSE A MUNICIPAL RECOMMENDATION FORM</span>	
IF YES, YOU MUST ENCLOSE A MUNICIPAL RECOMMENDATION FORM <b>NOTE: THIS FORM IS AVAILABLE FROM THE MUNICIPAL COUNCIL, REGIONAL LANDS OFFICE, &amp; GOVERNMENT SERVICE CENTRES</b>	
APPROXIMATE DIMENSIONS OF THE LAND	
DISTANCE TO CLOSEST WATERBODY _____ metres	FRONTAGE _____ metres DEPTH _____ 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 ENCENS, 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><b>PLEASE NOTE:</b> 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>



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.

Large empty rectangular box for sketching the land and nearby features.

**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.

**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

Special Conditions of Approval: \_\_\_\_\_

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\_\_\_\_\_ Date

\_\_\_\_\_ Regional Lands Manager

Special Title Conditions: \_\_\_\_\_

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\_\_\_\_\_ Date

\_\_\_\_\_ Regional Lands Manager