

For Department Use Only				
Receipt Number	Receipt Date	Amount	Received via Mail Email In Person	Received Date and Time
Application #: _____ FolderRSN : _____ PropertyRSN : _____ Regional File #: _____ PeopleRSN: _____ GIS PID : _____				

Part 1 – Applicant Information	Please Print
1. Type of Applicant (check only one (V)) <input type="checkbox"/> Individual(s) <input type="checkbox"/> Registered Organization <input type="checkbox"/> Government	
2. Primary Applicant – Complete Section A or B, and Section C (if applicable)	
Section A - Individual (Complete Appendix A for an additional Applicant)	Section B - Organization or Government Body
Last Name	Full Legal Name
Given Names	Company Number (Registry of Companies)
Mailing Address: P.O. Box	Mailing Address: P.O. Box
Street Address	Street Address
City or Town	City, Town
Province	Province
Country	Country
Postal Code	Postal Code
Primary Phone Number	Primary Phone Number
Secondary Phone Number	Secondary Phone Number
Email Address	Fax (Optional)
Email Address	
Are you a resident of the Province of Newfoundland and Labrador? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied for land from the Crown? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this application related to an existing Aquaculture or Agriculture business? Aquaculture Agriculture N/A	
If yes or if this application is related to an existing Aquaculture or Agriculture business, please provide details including application or title number:	

Part 1 – Applicant Information - Continued			Please Print
Section C - Primary Contact/Designated Representative (If different than Section A or B above)			<input type="checkbox"/> Not Applicable
Last Name	Given Names		
Describe the relationship of Primary Contact/Designated Representative to Applicant:			
<input type="checkbox"/> Trustee <input type="checkbox"/> Family Member (describe relationship) <input type="checkbox"/> Executor/Administrator <input type="checkbox"/> Officer of the Company (describe position) <input type="checkbox"/> Solicitor/Legal Counsel <input type="checkbox"/> Other (describe)			
Mailing Address: PO Box	Street Address	City, Town	
Province	Country	Postal Code	
Primary Phone Number	Secondary Phone Number	Fax (Optional)	Email

3. Disclosure of Departmental Employment
Is the Applicant an employee of the Department?
<input type="checkbox"/> Yes (If Yes, provide position title): _____ <input type="checkbox"/> No
Is the Applicant's spouse or cohabiting partner an employee of the Department?
<input type="checkbox"/> Yes (If Yes, provide name and position title): _____ <input type="checkbox"/> No

Part 2 – Type of Application	Please Print
Please select one of the following (check only one (v)):	
<input type="checkbox"/> Lease <input type="checkbox"/> Grant <input type="checkbox"/> Licence To Occupy Easement <input type="checkbox"/> Transfer <input type="checkbox"/> Section 36 Grant – Skip to Appendix B Grant to Existing Title: _____ (Specify Title Number)	
What is the intended use of land?	
<input type="checkbox"/> Residential Recreational Cottage Recreational Boat House and Wharf Agriculture (Provide details below) <input type="checkbox"/> Other (Provide details below) <input type="checkbox"/> Commercial (Provide detailed description below and submit site plan with application)	
Details	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Description of Building or Structure to be erected: <input type="checkbox"/> Not Applicable	
Length (Metres): _____ Width (Metres) : _____ Height (Metres) : _____	

Part 2 – Type of Application - Continued		Please Print
Proposed Water and Sewage Facilities:		<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Well <input type="checkbox"/> Septic System <input type="checkbox"/> Municipal Sewer <input type="checkbox"/> Municipal Water <input type="checkbox"/> Other (Provide details below)		
Details		
Site Description		
Applicant's Map (A map showing the exact location, including dimensions, of the land applied for must be attached to this application)		
The Land Is Situated At: _____		
Is the land applied for within a Municipal Boundary?		
<input type="checkbox"/> Yes (If Yes, provide Municipality): _____		
<input type="checkbox"/> No (If No, provide nearest Community/Municipality): _____		
Approximate dimensions of land:		
Area (Hectares) : _____ Frontage (Metres): _____ Depth (Metres) : _____		
Distance to closest Waterbody		<input type="checkbox"/> Not Applicable
Distance (Metres): _____		Name of Waterbody : _____
Is the site accessible by road?		
<input type="checkbox"/> Yes (If Yes, please provide name of road): _____		
<input type="checkbox"/> No		
Do you plan to construct a road to the site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, an additional application is required for area used to construct road.	For sites without road access, please indicate the method of transportation: <input type="checkbox"/> Walking <input type="checkbox"/> ATV <input type="checkbox"/> UTV <input type="checkbox"/> Snowmobile <input type="checkbox"/> Aircraft <input type="checkbox"/> Boat For sites without road access, location of access route must be indicated on the map attached to the application, and access by ATV must be in accordance with ATV regulations.	
Is this site presently occupied: Fences, signs, buildings, clearings? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, state year occupation commenced, area occupied and name of person who developed land:	
Are you aware of any previous land use: Fences, signs, buildings, clearings? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, state year occupation commenced, area occupied and name of person who developed land:	

Part 2 – Type of Application – Continued

Please Print

Please outline boundaries below:

Bounded on North by:

Bounded on South by:

Bounded on East by:

Bounded on West by:

Part 3 - Applicant Attestation

Complete and accurate information is important to avoid delays in processing your application. Please review and confirm the following: (All boxes must be checked)

- All sections of this form have been completed.
- A copy of the Applicant’s Map is attached.
- A copy of the receipt for the payment of the application fee is attached.
- A copy of all required supporting documentation is attached.

I accept and understand that:

- Fees taken during the application process are non-refundable.
- It is the policy of the Crown Lands Division to accept applications on a first come- first served basis.
- Applications must be fully completed, and all fees submitted.
- The primary contact identified will be used for all communication and correspondence.
- The email address provided may be used for future correspondence.
- If my application is accepted by the Department of Fisheries, Forestry and Agriculture, I am required to identify the site in the field by clearly marking corner posts. If there is discrepancy between the area marked in the field and the area indicated on the map, the map will prevail.
- I am solely responsible for correctly identifying the parcel of land that is the subject of this application.
- I am required to consult the municipality (if applicable) to acquire land ownership information and zoning information.
- Acceptance of this application by the Department of Fisheries, Forestry and Agriculture does not give me any rights or privileges in relation to the land under application.
- The land is not to be occupied until a signed title document is received.
- Should the application be approved, the Applicant’s name will appear on the Public Land Inquiry Map and the Provincial Land Use Atlas.
- Under Section 14 of the **Lands Act**, the Minister of the Department of Fisheries, Forestry and Agriculture 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 signed title document.
- Personal information collected by the Government of Newfoundland and Labrador is protected under the **Access to Information and Protection of Privacy Act, 2015**.
- The Department is committed to protecting personal information, which is being collected in accordance with Section 61(c) of the **Access to Information and Protection of Privacy Act, 2015** and used in the assessment of your application for Crown Lands. It will not be used for any other purposes unless authorized under the **Access to Information and Protection of Privacy Act, 2015**.
- As part of the processing of your application, the Department of Fisheries, Forestry and Agriculture may make referrals to other Government departments or agencies who may have an interest or concern related to the land being applied for as per Section 68(1)(c) of the **Access and Protection of Privacy Act, 2015**. Care will be taken to protect your personal information.

I further state that: (All boxes must be checked)

- All applicants, and designated contacts, are 19 years of age or older.
- I have inspected the lands applied for and have found no evidence of occupation with the exception of the information provided on page 3 or Appendix B in this application.
- I am not aware of any adverse claim to the lands subject of this application by any person(s) or organization(s).
- The information contained in this application is true and correct to the best of my knowledge, information and belief.

I ACCEPT

DATE (dd/mm/yyyy): _____

Appendix A: Application Information for Additional Applicant

Notes:

1. Only one Additional Applicant may be submitted per Application.

Additional Applicant – Please Complete Section A or B, and Section C			
Section A - Individual		Section B - Organization or Government Body	
Last Name		Full Legal Name	
Given Names		Company Number (Registry of Companies)	
Mailing Address: P.O. Box		Mailing Address: P.O. Box	
Street Address		Street Address	
City or Town	Province	City, Town	Province
Country	Postal Code	Country	Postal Code
Primary Phone Number	Secondary Phone Number	Primary Phone Number	Secondary Phone Number
Email Address		Fax (Optional)	Email Address
Are you a resident of the Province of Newfoundland and Labrador? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied for land from the Crown? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please provide details including application or title number:			

Section C - Disclosure of Departmental Employment
Is the Additional Applicant a Department employee? <input type="checkbox"/> Yes (If Yes, please provide position title): _____ <input type="checkbox"/> No
Is the Additional Applicant's spouse or cohabiting partner a Department employee? <input type="checkbox"/> Yes (If Yes, please provide name and position title): _____ <input type="checkbox"/> No

Appendix B: Application for Grant of Land Under Section 36 of the Lands Act

Please call the Crown Lands Inquiries Line at 1-833-891-3249 if you require assistance to complete Appendix B

Land Information

A map showing the exact location, including dimensions, of the land applied for must be attached to this application.

The Land Is Situated At: _____

Area: _____ Hectares Frontage: _____ metres Depth: _____ metres

Bounded on North by: _____ for _____ metres

Bounded on South by: _____ for _____ metres

Bounded on East by: _____ for _____ metres

Bounded on West by: _____ for _____ metres

Declaration of Applicant

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 or the undernoted persons have acquired an interest in the land described above based upon open, notorious, continuous and exclusive possession for the 20 year period immediately prior to the 1st day of January 1977, in the following manner:
 - (a) Continuously over the 20 year period prior to the 1st day of January 1977 and up to the present the land has been in open, notorious and exclusive possession of me or the undernoted persons, all of whose equitable rights in and to the land and possession of the land have passed to me as follows:

Names of persons formerly and/or currently occupying land (including Applicant)	Year(s) Occupied <small>(i.e. January 1970 - March 1978)</small>	List improvements and year they were made <small>(i.e. Fences, Buildings, Cultivation, etc.)</small>	Describe how land was acquired (i.e. Deeds, Wills, Etc.)
1.			
2.			
3.			
4.			
5.			

* If needed, include an attachment with more details. Ensure that this attachment is labelled and easily identifiable.

** Copies of any documents (Wills, Deeds, Etc.) noted above must accompany this application.

Declaration of Applicant - Continued

- C. I am not aware of any claim to or in respect of any part of the lands by any other persons either through use, occupation, improvements, possession or otherwise, adverse to or inconsistent with my claim.
- D. If this Application is approved, I will provide to the Minister a survey of the lands and an Indemnity against claims by any other person in respect of the lands.

Individuals in Support of Application

The Applicant must obtain the consent of two individuals who have been familiar with this land since at least, January 1, 1957, and who are not a member of the applicant’s direct family. These individuals may be contacted during the investigation of this Application, and must meet the following criteria:

- i. Are fully acquainted with the land described in the foregoing application for grant of land under the **Lands Act**.
- ii. Have read the declaration made by the Applicant concerning the use and occupation of this land [or it has been read to them] and all statements made are true, to the best of their knowledge, information and belief.
- iii. Are not aware of any claim to or in respect of the land by any other person either through occupation, improvements or otherwise adverse to or inconsistent with the applicant’s claim to any part of the land or to any interest in the land.

Name	Address	Telephone Number	E-mail

Applicant Attestation

Complete and accurate information is important to avoid delays in processing your application. Please review and confirm the following: (All boxes must be checked)

- All sections of this form have been completed.
- A copy of the Applicant’s Map is attached.
- A copy of the receipt for the payment of the application fee is attached.
- A copy of all required supporting documentation is attached.

I accept and understand that:

- Fees taken during the application process are non-refundable.
- It is the policy of the Crown Lands Division to accept applications on a first come- first served basis.
- Applications must be fully completed, and all fees submitted.
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- I am solely responsible for correctly identifying the parcel of land that is the subject of this application.
- I am required to consult the municipality (if applicable) to acquire land ownership information and zoning information.
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- Should the application be approved, the Applicant’s name will appear on the Public Land Inquiry Map and the Provincial Land Use Atlas.
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- As part of the processing of your application, the Department of Fisheries, Forestry and Agriculture may make referrals to other Government departments or agencies who may have an interest or concern related to the land being applied for as per Section 68(1)(c) of the **Access and Protection of Privacy Act, 2015**. Care will be taken to protect your personal information.

I further state that: (All boxes must be checked)

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- I am not aware of any adverse claim to the lands subject of this application by any person(s) or organization(s).
- The information contained in this application is true and correct to the best of my knowledge, information and belief.

I ACCEPT

DATE (dd/mm/yyyy): _____