

NORTH ALGONA WILBERFORCE TOWNSHIP

Application For

SALE OF SHORE ROAD ALLOWANCE

Until Council has received the prescribed information and material, Council may refuse to accept or further consider this application.

PART I GENERAL INFORMATION

1. APPLICANT/OWNER INFORMATION

a) *+ Applicant's Name(s):

*+ Address:

*+ Phone #: Home: () Work: () Fax: () Cell () E-Mail ()

b) The applicant is: ☐ the registered owner

☐ an agent authorized by the owner

c) If the applicant is an agent authorized by the owner, please complete the following:

+ Name of Owner:

+ Address of Owner:

+ Phone #: Home: () Work: () Fax: ()

d) To whom should correspondence be sent? ☐ Owner ☐ Applicant ☐ Both

2. *+PROVIDE A DESCRIPTION OF YOUR PROPERTY

Municipality: _____ Concession: _____

Lot: _____

Registered Plan No.: _____ Block or Lot No(s). in the

Plan: _____

Reference Plan No.: _____ Part No(s).:

3. *+PROVIDE A DESCRIPTION OF THE SHORE ROAD ALLOWANCE

Municipality: _____ Lake: _____ Concession: _____

Lot: _____

Registered Plan No.: _____ Block or Lot No(s)

Plan: _____

Reference Plan No.: _____

Part No(s).: _____

APPLICATION SKETCH

On a separate page(s), please provide a sketch, showing the following:

- Boundaries and the dimensions of the subject land .
- The location, size and type of all existing and proposed buildings and structures, indicating the distances from the front yard lot line, rear yard lot line and the side yard lot lines.
- The approximate location of all natural and artificial features on the subject land and on land that is adjacent to the subject land that, in the opinion of the applicant, may affect the application. Examples include buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded areas, wells and septic tanks.
- The location, width, and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public traveled road, a private road or a right of way.
- If access to the subject land is by water only, the location of the parking and docking facilities to be used.
- The location and nature of any easement affecting the subject land.
- The locations and dimensions of off-street parking spaces and off-street loading facilities.
- Planting strips and landscaped areas.
- Buildings to be demolished or relocated.

AUTHORIZATION OF OWNER FOR AGENT TO MAKE THE APPLICATION:

(If affidavit is signed by an Agent on owner’s behalf, the Owner’s written authorization below must be completed)

I (we) _____
of the _____
in the County of Renfrew do hereby authorize _____ to act as my (our) agent
in this application.

Signature of Owner(s) Date

AFFIDAVIT (This affidavit must be signed in the presence of a Commissioner of Oaths):

I (we), _____ of the

in the County of Renfrew solemnly declare that all of the information required under Ontario Regulation 543/06 and/or Ontario Regulation 545/06, and the statements contained in this application are true, and I (we), make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the **CANADA EVIDENCE ACT**.

DECLARED before me at the Township of North Algona in the County of Renfrew this

_____ day of _____, 20____

Signature of Owner or Authorized Agent Date

Signature of Commissioner of Oates Date

NOTE: One of the purposes of the Planning Act is to provide for planning processes that are open, accessible, timely and efficient. Accordingly, all written submissions, documents, correspondence, e-mails or other communications (including your name and address) form part of the public record and will be disclosed/made available by the County/local Municipality to such persons as the County/local Municipality sees fit, including anyone requesting such information. Accordingly, in providing such information, you shall be deemed to have consented to its use and disclosure as part of the planning process.

(To be completed by the Municipality)
“COMPLETE” APPLICATION AND FEE OF \$500.00 RECEIVED BY THE MUNICIPALITY:

Date Signature of Municipal Employee

Roll # _____