



Application for the Closure of a Road Allowance

Name of Applicant: _____

Mailing Address: _____

Telephone Number: (H): _____ (W): _____

Location of Road Allowance

Road Allowance Abuts: _____

Street and Civic Address: _____

Lot Number: _____ Registered Plan Number: _____

Township Lot: _____ Concession Number: _____

Note: A legal survey plan or a property plan accurately drawn to scale will be required when the application is submitted.

Dimensions of Land Affected

Average Width: _____ Average Depth: _____

Area: (metres) _____ (hectares) _____

Land Use

Existing Uses: (if any) _____

Adjacent Land Use: _____

Adjacent Land Ownership: _____

Proposed Use of Land: (if approved)

Zoning Designation

Existing Zoning: _____

Proposed Zoning: _____

Note: The Applicant hereby agrees:

- a) To reimburse the Municipality for any costs incurred in processing this application which are above and beyond the amount of the application fee.
- b) If required by the Municipality to pay a deposit in addition to the application fee, prior to the processing of this application.
- c) This application relates only to Council consideration of the closure of the allowance. If closure is recommended further procedures under the Municipal Act will be required.

Date

Signature of Applicant