



THE CORPORATION OF THE TOWNSHIP OF MUSKOKA LAKES

1 BAILEY STREET, P.O. BOX 129, PORT CARLING, ONTARIO P0B 1J0

Amended Application for Consent

FOR OFFICE USE ONLY:

B #: _____ ROLL #: _____ DATE: _____
RECEIPT #: _____ 911 ADDRESS: _____
Schedule #: _____ MNR #: _____ Assessment Map #: _____

1.0 APPLICANT INFORMATION

1.1 NAME OF REGISTERED OWNER (S) _____

Mailing Address _____ Postal Code _____

Tel. # Home _____ Office _____

Cottage _____ Fax # _____

E-Mail Address _____

1.2 NAME OF SOLICITOR (if applicable) _____

Mailing Address _____ Postal Code _____

Tel. # Home _____ Fax # _____

E-Mail Address _____

1.3 NAME OF AUTHORIZED AGENT (if applicable) _____

Mailing Address _____ Postal Code _____

Tel. # Home _____ Fax # _____

E-Mail Address _____

Please specify to whom you wish communications to be sent:

Owner (automatically sent) Solicitor Agent

Please be advised that this application once deemed complete will be circulated to all property owners within 400 feet of the subject property. It is highly recommended that you contact your neighbouring property owners in advance of this circulation to discuss your proposal.

2.0 APPLICATION BEING AMENDED _____

3.0 LOCATION OF SUBJECT LANDS

Geographic or former Township _____

Lot # _____ Concession # _____

Registered Plan of Subdivision # (if any) _____ Lot # on Plan _____

Reference Plan # (Survey Plan) _____ Part # on Survey _____

Municipal or 911 Address _____

Assessment Roll Number _____

4.0 DESCRIPTION OF THE SUBJECT LANDS

4.1 DIMENSIONS OF PROPOSED SEVERED LOT (or dimensions of the right of way)

Frontage on Road _____ Frontage on Water _____

Depth _____ Area _____

4.2 DIMENSIONS OF PROPOSED RETAINED LOT # 1 (List separately if more than one retained lot)

Frontage on Road _____ Frontage on Water _____

Depth _____ Area _____

DIMENSIONS OF PROPOSED RETAINED LOT # 2 (if applicable)

Frontage on Road _____ Frontage on Water _____

Depth _____ Area _____

4.3 Provide any additional details of above, if necessary. _____

5.0 EXPLANATION AND REASONS FOR AMENDED APPLICATION

6.0 SKETCHES New sketch attached

OFFICE USE ONLY

Reference Files:

NOTE: It is required that one (1) copy of the amended application and 10 sketches be filed with the Secretary-Treasurer and be accompanied by a fee of \$325.00 per amended application, payable in cash or by cheque made payable to the Township of Muskoka Lakes. Any drawings exceeding 11" x 17" or Studies / Reports are required to be submitted in digital format in addition to hard copy.

Personal information contained on this form is collected under the authority of the Planning Act, R.S.O., 1990, Chapter P13, as amended, and will be used for the processing of this consent application. Questions about this collection should be directed to the Committee of Adjustment, 1 Bailey Street, P.O. Box 129, Port Carling, Ontario, P0B 1J0, Telephone (705) 765-3156.

A F F I D A V I T

I, _____, of the Town / City of _____
in District / Region / County of _____

solemnly declare that the information contained in this application and in the documents that accompany this application is true.

Declared before me at the Town / City _____)
of _____ in the)
District/Region/County of _____)
this _____ day of _____)
20____.)
_____)
COMMISSIONER, etc.)

(Signature of Owner(s), Solicitor, or Authorized Agent)

(If signed by a Solicitor or Agent, written
of the Registered Owner(s) must accompany the
application or the authorization set out below must
be completed.)

AUTHORIZATION OF OWNER(S) FOR AGENT OR SOLICITOR TO MAKE THIS AMENDED APPLICATION:
(if applicable)

I/We, _____, am/are the registered owner(s) of the land that is the subject of
this amended application for a consent and I/we hereby authorize _____
to make this amended application on my/our behalf.

Date

Signature(s) of the Registered Owner(s)