

THE CORPORATION OF THE TOWNSHIP OF MUSKOKA LAKES 1 BAILEY STREET, P.O. BOX 129, PORT CARLING, ON, POB 1J0

Application for Cash in Lieu of Parking

FOR O	FFICE USE ONLY:				
APPLICATION #:		ROLL#:	DATE:		
RECEI	PT#:	CIVIC (911) ADDRESS:			
Schedule #:		MNR #:	Assessment Map #:		
1.	REGISTERED OWNER(S) Name				
	Address				
	Telephone		Fax / Email _		
2.	AGENT (IF APPLICABLE) Name				
	Address				
	Telephone		Fax / Email		
	Please specify to whom all o	correspondence shou	ld be sent:	☐ Owner	☐ Agent
3.	LEGAL DESCRIPTION OF Geographic or Former Town				
	Lot Number				
	Registered Plan Number (if	any)		Lot Number	
	Reference Plan Number (if a	any)		Part Number	
	Civic / 911 Address				
4.	LAND USE Existing				
	Proposed				
5.	PARKING REQUIREMENTS Existing Number of Parking Spaces		_ Existing Number of Boat Slips		
	Proposed Number of Parking	Proposed Number of Boat Slips			
	Number of Parking Spaces I	Requested N	Requested Number of Cash in Lieu Spaces		
6.	DESCRIPTION OF PROPO	<u>SAL</u>			
7.	I hereby apply for Site Plan information contained in the THAT THERE MAY BE ADDIENTRANCE PERMIT, ETC A BUILDING PERMIT FEES, DAPPROVED IN CONJUNCTION	accompanying plans ITIONAL APPROVALS AND ADDITIONAL FED DEVELOPMENT CHAF	are true. S SUCH AS BUT ES AND CHARG RGES, ETC. ASS	NOT LIMITED TO: GES SUCH AS BUT	BUILDING PERMIT, NOT LIMITED TO:
	Date		Owner's/Ager	nt's Signature	
	Fees: Application Cash in Lieu	Fee I Amount per Parkin	\$800.0 a Space \$3.00		

Personal information contained on this form is collected under the authority of the Planning Act, Section 40, and will be used to determine the eligibility of the proposed site plan. Questions about this collection should be directed to: The Director of Planning, Township of Muskoka Lakes, 1 Bailey Street, P.O. Box 129, Port Carling, Ontario, P0B IJ0 (Tel 705-765-3156 / Fax 705-765-6755).