

## THE CORPORATION OF THE TOWNSHIP OF MUSKOKA LAKES

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

**Application for Cash in Lieu of Parking** 

FOR C	OFFICE USE ONLY:					
APPLI	CATION #:	ROLL#:	DATE	:		
RECE	IPT#:	CIVIC (9	911) ADDRESS:			
Sched	dule #:	MNR #:	Asses	ssment Map #:		
1.	REGISTERED OWI	NER(S)				
	Telephone		Fax / Email _			
2.	AGENT (IF APPLIC	CABLE)				
	Telephone		Fax / Email			
	Please specify to wl	nom all correspondence s	hould be sent:	☐ Owner	☐ Agent	
3.		ION OF PROPERTY ner Township				
		_				
	Registered Plan Nu	mber (if any)		Lot Number		
	Reference Plan Nur	mber (if any)		Part Number		
	Civic / 911 Address					
4.	LAND USE Existing					
	Proposed					
5.	PARKING REQUIRE Existing Number of	EMENTS Parking Spaces	Existing Num	nber of Boat Slips		
	Proposed Number of	of Parking Spaces	Proposed Nu	Proposed Number of Boat Slips		
	Number of Parking Spaces Required		Requested N	Requested Number of Cash in Lieu Spaces		
6.	DESCRIPTION OF	<u>PROPOSAL</u>				
7.	THAT THERE MAY ENTRANCE PERMIT BUILDING PERMIT	Site Plan Approval and deed in the accompanying page of the accompanying page of the accompanying page of the accompanying page of the accompany of the accompa	ans are true. /ALS SUCH AS BUT FEES AND CHARG HARGES, ETC. ASS	NOT LIMITED TO: SES SUCH AS BU	BUILDING PERMIT, T NOT LIMITED TO:	
	Date		Owner's/Ager	nt's Signature		
		ication Fee	\$750.0 rking Space \$3000			

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).