

## THE CORPORATION OF THE TOWNSHIP OF MUSKOKA LAKES

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

## **Amended Application for Consent**

FOR C	OFFICE USE ONLY:			
B#: _	ROLL #	<b>#</b> :	DATE:	
RECE	IPT #:	911 ADDRESS:		
Schedule #:		MNR #:	Assessment Map #:	
1.0	APPLICANT INFORMATION	L		
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:			
		t) 🗆 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 LA	ANDS		
	Geographic or former Townsh	nip		
	Lot #	Concession #		
	Registered Plan of Subdivision	on # (if any)	Lot # on Plan	
	Reference Plan # (Survey P	lan)	Part # on Survey	
	Municipal or 911 Address		_	
	Assessment Roll Number			

## 4.0 **DESCRIPTION OF THE SUBJECT LANDS DIMENSIONS OF PROPOSED SEVERED LOT** (or dimensions of the right of way) 4.1 Frontage on Road \_\_\_\_\_\_Frontage on Water \_\_\_\_\_ \_\_\_\_\_Area **DIMENSIONS OF PROPOSED RETAINED LOT #1** (List separately if more than one retained lot) 4.2 Frontage on Road \_\_\_\_\_\_Frontage on Water \_\_\_\_\_ \_Area \_\_\_\_ **DIMENSIONS OF PROPOSED RETAINED LOT # 2** (if applicable) Frontage on Road \_\_\_\_\_\_Frontage on Water \_\_\_\_\_ \_\_\_\_\_Area \_\_\_\_ Depth Provide any additional details of above, if necessary. 4.3 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 \$450.00 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.

## AFFIDAVIT

I,	, of the Town / City of	
in District / Region / County of		
solemnly declare that the information conta application is true.	ained in this application and in the documents that accompany this	
Declared before me at the Town / City	)	
of in the	e)	
District/Region/County of		
this day of	_) (Signature of Owner(s), Solicitor, or Authorized Agent)	
20	) (If signed by a Solicitor or Agent, written _) of the Registered Owner(s) must accompany the	
COMMISSIONER, etc.	) application or the authorization set out below must be completed.)	
AUTHORIZATION OF OWNER(S) FOR AC	GENT OR SOLICITOR TO MAKE THIS AMENDED APPLICATION:	
I/We,	_, am/are the registered owner(s) of the land that is the subject of	
this amended application for a consent and to make this amended application on my/ou	I/we hereby authorize ur behalf.	
Date		
	Signature(s) of the Registered Owner(s)	