



**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.

The personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O.1990, M.56. S.29(1)(g), 31(b). The information will be used for the purposes of administering this project. The information collected will be protected with appropriate security safeguards. All questions or concerns with respect to the collection, storage, use or retention of the information you provide on this form may be directed to the Township Clerk, 1 Bailey Street Port Carling Ontario P0B 1J0, telephone at 7057653156

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**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. )

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**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)