



P.O. Box 129, 1 Bailey Street, Port Carling, Ontario, P0B 1J0
 Website: www.muskokalakes.ca
 Phone: 705-765-3156 Fax: 705-765-6755

ORIGINAL SHORE ROAD ALLOWANCE CLOSING APPLICATION

DATE: _____ ROLL #: _____

REGISTERED PROPERTY OWNER(S): _____

MAILING ADDRESS: _____

POSTAL CODE: _____ PHONE: _____

TOWNSHIP PROPERTY ADDRESS: _____

E MAIL: _____

FORMER MUNICIPALITY: _____

CONCESSION: _____ LOT: _____ PLAN: _____ PART: _____

I/We hereby apply to the Township of Muskoka Lakes for the closing and conveying of the above shore road allowance. All registered property owners have signed below and are in agreeance of this application.

I/We confirm that I/We have read and understand the Original Shore Road Allowance Closure Policy C-LS-08 and acknowledge that I/We are responsible to pay all legal, surveying and administrative costs involved in the process and will be obligated to pay to the Township the land acquisition rate as per the current municipal policy C-LS-08.

Submitted herewith is the following:

- (1) Required application fee of \$900.00.
- (2) A sketch or site plan which shows the original shore road allowance and all structures situated on the lands.

Registered Property Owner(s):

Signature

Signature

I/We hereby appoint the following agent/solicitor to act on our behalf and are aware that the Township Solicitor must be used for the Original Shore Road Closing process. Any other solicitor or agent acting on my/our behalf is at my/our expense and is in addition to any fees required by the Township Solicitor. Appointment of an agent/solicitor is optional.

Name of Agent/Solicitor: _____

Address: _____

Phone: _____

Email: _____

The personal information on this form is being collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and the Municipal Act, for the principle purpose of processing this application. Questions about this collection should be directed to the Clerk, Township of Muskoka Lakes, Box 129, Port Carling, Ontario, P0B 1J0, (Telephone 705-765-3156).

For Office Use Only		
Date received:	Received by:	Payment received:
File Number Assigned:		Receipt #: