

Attachment A

APPLICATION FOR SHORE ROAD ALLOWANCE CLOSING

Pursuant to the Municipal Act, 2001, S.O. 2001, as Amended

Please print

Applicant Inform	ation:				
Name of Applicar	t(s):				
Home Address:					
City		Prov/State:		Postal Code:	
Phone number - I	lome:	Cell:	Cottage:		
Authorized Ager	t Information:				
Name of authorize (must be in writing	ed Agent, if any: 3)				
Agent Address: _					
City		Prov/State		Postal/Zip Code	
Phone Number of	agent:				
Property Informa	ition:				
Ward Cor	cession(s)	Lots(s))	Plan #	
Lake		Property Roll #			
Is your land adjac	ent to this Shore R	oad Allowance?	□ Yes	□ No	
Access is by:	Private Road	D Public Maintai	ned Road	U Water Access	
Brief Reason why	you wish to purcha	ase the Shore Road	d Allowance	2:	

Signature page follows

I acknowledge that by purchasing the Original Shoreline Road Allowance, it does not permit construction or alteration of any kind of structure, or shoreline improvements on the shoreline allowance or shoreline alterations without obtaining all applicable approvals, including but not limited to application for Zoning By-law Amendment and/or <u>Minor Variance.</u> The Township of Algonquin Highlands zoning by-law requirements must be complied with.

Applicant(s) signature: _____

Dated _____(Day) this _____ (Month) of _____ (Year)

I/We, _____, being the registered owner(s) of the lands subject of this application and, for the purposes of the Municipal Freedom of Information and Protection of Privacy Act, I/we hereby authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Municipal Act or Planning Act (whichever Act applies) for the purposes of processing this application.

NOTE: All registered owners of the property must sign the Application for Shore Road Allowance Closing.