



TOWN OF SOUTH BRUCE PENINSULA
 P.O. Box 310, 315 George St.
 Wiarton, Ontario N0H 2T0
 Phone: (519) 534-1400 or 1-877-534-1400 (Toll free 519 area code only)
 Fax: (519) 534-9908 www.southbrucepeninsula.com

Fee: \$425.00
 Roll No.:

DEEMING REQUEST

Please submit a complete application including the application form, fee and a detailed site plan on the following page.

LEGAL:

Legal Owner(s):	
Mailing Address:	
Phone Number(s):	
Municipal Address:	
Legal Description:	

DESCRIPTION:

Size of parcels:

Lot:	Frontage:	Depth:	Area:
Combined			

Road Access: _____

Occupancy of each parcel: _____
 (cottage, residence, vacant, etc.)

SERVICES:

Sewage System: _____
 (municipal/private, class, location, age, size, etc.)

Water Supply: _____
 (municipal/private, type, location, age, etc.)

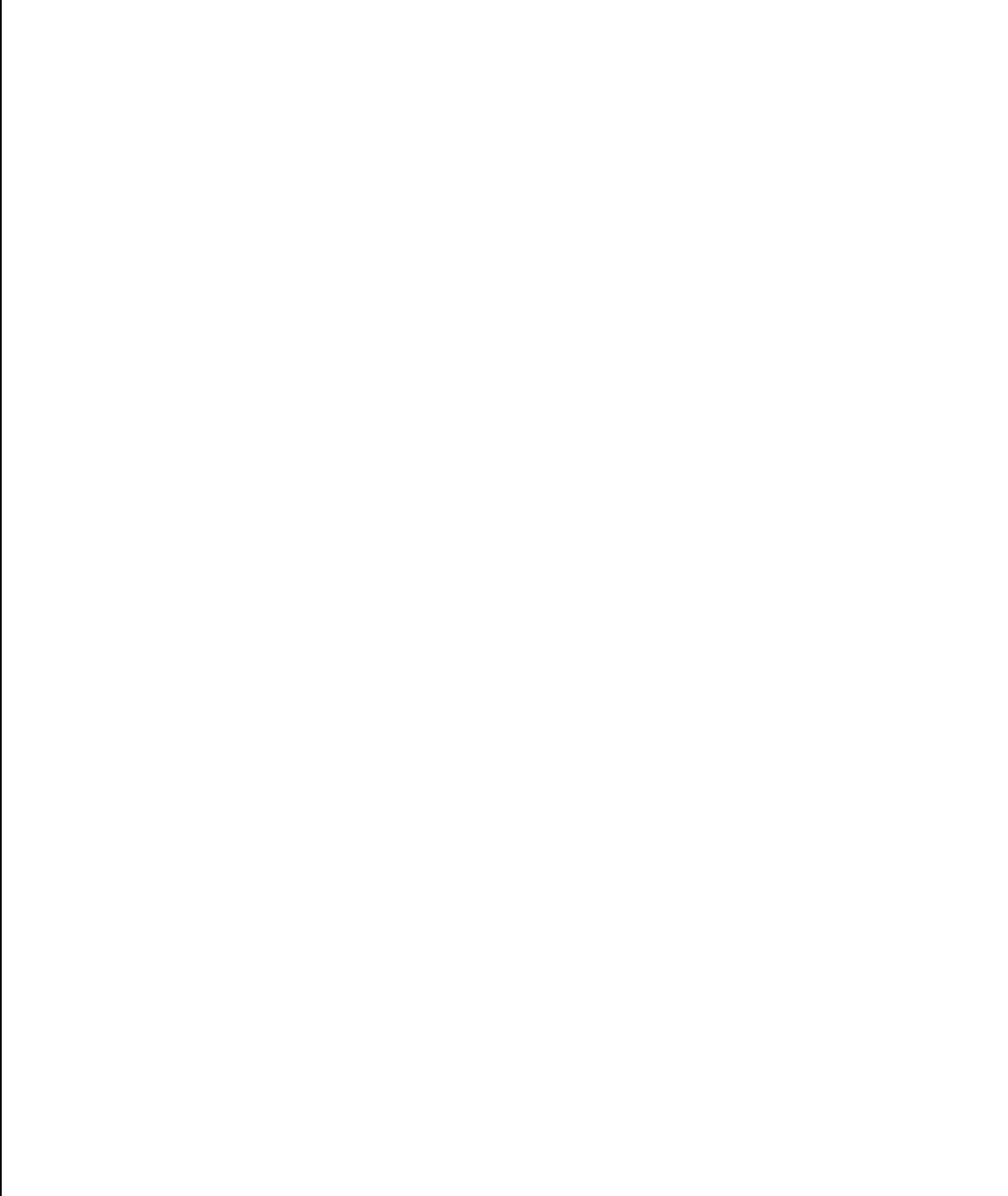
Details on site plan. Any other information the applicant feels pertinent to support this request may be attached.

OTHER REASONS:

The request is being made for the following reason(s):

I request that the municipal solicitor undertake the necessary registration of the by-law or the by-law be sent to the following lawyer who will register the by-law on our behalf and return the necessary materials to the assessment and municipal office.

Municipal _____ Other _____



SITE PLAN

NOTE: This diagram must be completed in full. Failure to submit a completed form may result in a delay in processing the application or a deferral of your deeming request. Please ensure that these items appear on your diagram/site plan. Additional detail may be supplied on a separate sheet.

1. Width of road allowance
2. Name of street
3. Frontage of lot on the street
4. Depth of lot
5. All dimensions if irregular shape
6. Location of septic system
7. Location of waterlines or well
8. Location of driveway and parking
9. Size of proposed building or addition (All dimensions and height profile)
10. Location of proposed or existing building in relation to all lot lines (setbacks)
11. Location of closest structures on abutting lands (including well and/or septic system)
12. North to be indicated

Declaration of applicant:

I _____ certify that the information contained in this
(print name)
application is true to the best of my knowledge.

_____ Date

_____ Signature of applicant