



Town of South Bruce Peninsula
 PO Box 310, 315 George Street, Warton ON N0H 2T0
 Phone 519-534-1400 Toll Free 1-877-534-1400 Fax 519-534-4862

Limited Service Agreement Request

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

Owner /Property Information

Legal Owner(s) Name	
Mailing Address	
Phone Number(s)	
Municipal Address	
Legal Description	
Roll Number	

Applicant/Agent Information (if different from the owner)

Applicant/Agent Name	
Mailing Address	
Phone Number(s)	

Road Access

Legal Description of Lot	Access Road Name	Road Type (private/Town)

Use of Lot (cottage, residence, vacant, business, etc.)

Legal Description of Lot	Lot Use

Minor Variance (please attach CoA decision)

Date of Favourable Decision	Decision Number

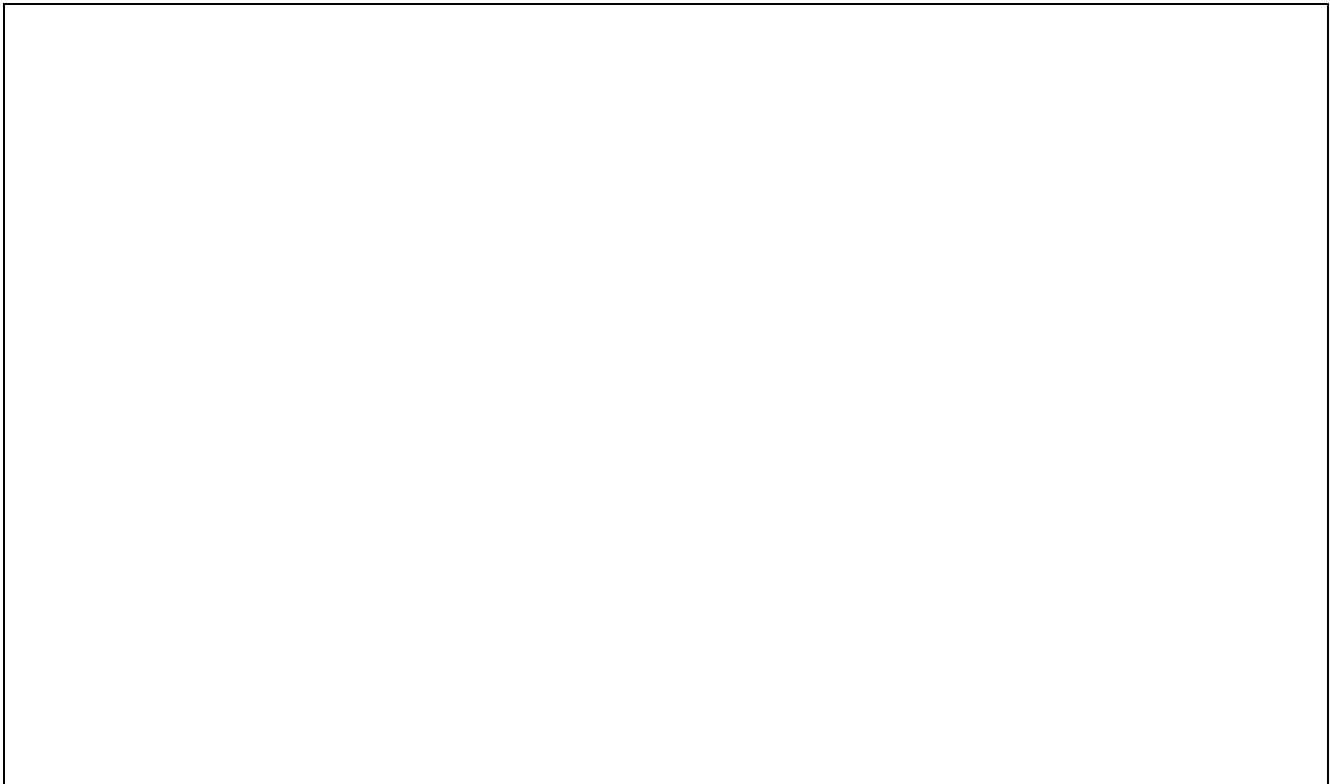
Reason for Request for Limited Service Agreement

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

Site Plan

Note: Please ensure that the items below appear on the site plan. Additional detail may be supplied on a separate sheet of paper if required.

- Width of road allowance
- Name of street
- Frontage of lot on the street
- Depth of lot
- All dimensions if irregular shape
- Location of driveway and parking
- Size of proposed building or addition (All dimensions and height profile)
- Location of proposed or existing building in relation to all lot lines (setbacks)
- North to be indicated



Declaration of Registered Owner(s)

I/we _____ do hereby
(print owner(s) name(s))
make oath and say that the information contained in this application for limited services (site plan control) is true to the best of my/our knowledge.

_____	_____
Date	Signature of Owner
_____	_____
Date	Signature of Owner
_____	_____
Date	Signature of Owner

Declaration of Owner and Applicant/Agent (if an agent is appointed)

I/we _____ do hereby
(print owner(s) name(s))
make oath and say that I/we have appointed _____
(print applicant/agent(s) name(s))
to act as an applicant/agent on my/our behalf with respect to this application for limited services (site plan control). I/we acknowledge that the Town will correspond with the appointed person(s) named above with respect to this application.

_____	_____
Date	Signature of Owner
_____	_____
Date	Signature of Owner
_____	_____
Date	Signature of Owner

I/we _____ do hereby
(print applicant/agent(s) name(s))
make oath and say that I/we act on behalf of the registered owner(s) with respect to this application for limited services (site plan control). I/we acknowledge that the Town will correspond with me/us with respect to this application. I/we acknowledge that the Town reserves the right to make contact with the registered owner(s) at any time with respect to this application.

_____	_____
Date	Signature of Applicant/Agent
_____	_____
Date	Signature of Applicant/Agent