



TOWNSHIP OF ZORRA

APPLICATION FOR AN ENCROACHMENT

APPENDIX "B"

Please note that this application must be typed or printed in ink and completed in full. An incomplete or improperly prepared application may not be accepted and could result in

A. APPLICANT INFORMATION

Name of Owner(s): _____ Phone: Residence: _____
Address: _____ Business: _____
City/Town: _____ Fax: _____
Postal Code: _____ E-mail: _____

B. LOCATION/LEGAL DESCRIPTION OF PROPERTY

Geographic Township: _____
Urban Area or Hamlet: _____
Concession Number: _____ Lot Number: _____
Registered Plan Number: _____ Lot(s)/Block(s): _____
Reference Plan Number: _____ Part Number(s): _____
Land Titles Property Identification Number: P.I.N. # (_ _ _ _ _ - _ _ _ _ _)
911 Number and Name of Street/Road: _____

C. PROPERTY INFORMATION

Present use of the subject land: _____

D. ENCROACHMENT INFORMATION

1. Municipal Road/Property encroaching upon: _____

2. Please describe any existing buildings and structures that are encroaching on municipal property.

3. Dimensions of encroachment: _____

4. History and estimated length of time of encroachment: _____

E. FREEDOM OF INFORMATION

For the purposes of the Municipal Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body any information that is collected un the authority of the Municipal Act for the purposes of processing this application.

Please return completed form with application fee in cash or cheque to the undersigned and payable to The Corporation of the Township of Zorra.

Submit to: Clerk
Township of Zorra
P.O. Box 306
Ingersoll, ON N5C 3K5

Signature of Owner/Applicant/Agent

Date