



The Corporation of the Township of Clearview
APPLICATION FOR ENCROACHMENT AGREEMENT

Please complete and submit this application form, survey or plan, along with the applicable fee, to the Clerk, Box 200, 217 Gideon Street, Stayner ON, L0M 1S0.

Name of Applicant(s) (Must be registered property owners)

Mailing address of Applicant(s): _____

Postal Code: _____ Email: _____

Contact Telephone: _____ Bus. Telephone: _____

Address of property where encroachment(s) is being requested:

Legal Description of Property: _____

Municipal road allowance(s) where encroachment(s) exist: _____

Description of encroachment(s): _____

Does this application relate to a modification to an existing encroachment?

Yes ☐

No ☐

If yes, what is the modification: _____



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Does the encroachment require a building permit?

Yes

☐

No

☐

Application Fee: **\$250.00 must accompany the application**

Declaration of Designer (required if Survey is not provided):

I, (print name/s) _____ declare that I/we am/are the property owner(s) of the lands described above and that the submitted plan is my/our drawing(s). I/we assume full responsibility for the depicted design and accuracy of the information shown. I/we have been informed that a survey or plan from a qualified professional should be provided to identify accurately any encroachments from my property onto a municipal road allowance. I/we certify that the information contained in this submission is true to the best of my/our knowledge.

Date: _____ Signature: _____

Signature: _____

Notice with respect to Collection of Personal Information

This information is collected under the legal authority of the *Municipal Act, 2001, S.O. 2001, c. 25, as amended*. The information will be used in respect to preparing a report for Council regarding the encroachment agreement. Personal information will be disclosed to the Clerk's Department in accordance with the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56 as amended*. For more information, please contact the Deputy Clerk (705) 428-6230 ext. 223

FOR INTERNAL USE ONLY

Municipal Road Allowance of Encroachment: _____

Application Fee Paid:

Yes

☐

Date:

Date of Circulation: _____ Date Comments Due: _____



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CIRCULATION FOR COMMENTS:

Date Comments Received

Public Works and Recreation

Environmental Services

Planning

Building

Fire and Emergency Services

Notes:
