

TOWNSHIP OF DOURO-DUMMER
APPLICATION FOR SITE PLAN APPROVAL

APPLICANT INFORMATION

APPLICANT'S NAME			TELEPHONE NO.	SOLICITOR'S NAME			TELEPHONE NO.
STREET ADDRESS				STREET ADDRESS			
CITY		PROVINCE	POSTAL CODE	CITY		PROVINCE	POSTAL CODE
AGENT'S NAME			TELEPHONE NO.	OWNER'S NAME (Signatory to Agreement)			TELEPHONE NO.
STREET ADDRESS				STREET ADDRESS			
CITY		PROVINCE	POSTAL CODE	CITY		PROVINCE	POSTAL CODE
ARCHITECT/ENGINEER'S NAME			TELEPHONE NO.	PLANNING CONSULTANT'S NAME			TELEPHONE NO.
STREET ADDRESS				STREET ADDRESS			
CITY		PROVINCE	POSTAL CODE	CITY		PROVINCE	POSTAL CODE

LOCATION AND DESCRIPTION OF PROPERTY

STREET ADDRESS – IF INDIVIDUAL PROPERTY (OR GROUP OF PROPERTIES)		LOT	CONCESSION
NEAREST INTERSECTION(S)		EXISTING EASEMENTS YES / NO	REGISTERED PLAN NO.
FRONTAGE (m)	DEPTH (m)	AREA (m ²)	
LAND USE DESIGNATION (OFFICIAL PLAN)		PRESENT ZONING OF LAND	
PRESENT USE OF LAND			
PROPOSED USE OF LAND			

INFORMATION ON PROPOSED DEVELOPMENT

CONSTRUCTION YR. MO. DAY TO START (ESTIMATE) 22 05 01		CONSTRUCTION YR. MO. DAY TO END (ESTIMATE) 22 12 31		DIMENSIONS OF BUILDINGS(S)	
NUMBER OF STOREYS		GROUND FLOOR AREA (m ²)		TOTAL FLOOR AREA (m ²)	FLOOR AREA OF ADDITIONS (m ²) 630.5m ²
NUMBER OF PARKING SPACES 23		NATURE OF PROJECT: (ie. Commercial, Industrial etc.) Institutional			
RESIDENTIAL DATA (IF APPLICABLE) TYPE & NUMBER OF UNITS	BACHELOR	1 BEDROOM	2 BEDROOM	3 BEDROOM	
	OTHER		TOTAL UNITS		

I hereby agree to bear the cost of all consulting planning, engineering, legal and registration fees related to this application as deemed necessary by the Municipality on request, to be applied to such costs, and for which the Municipality will account.

RETURN APPLICATION TO:

Township of Douro-Dummer
894 South Street, P.O. Box 92
Warsaw, Ontario K0L 3A0

APPLICANT'S SIGNATURE

DATE _____