



DISTRICT OF PARRY SOUND

PO BOX 533
56 ONTARIO STREET
BURK'S FALLS, ON
P0A 1C0

(705)382-3332
(705)382-2954
Fax: (705) 382-2068
Email: clerk@armourtownship.ca
Website: www.armourtownship.ca

OFFICE OF THE CLERK ADMINISTRATOR

APPLICATION FOR SITE PLAN AGREEMENT

Applicant's Name: _____ Roll No: _____

- Site Plan Agreement
- Amendment to Site Plan

I/We hereby submit an application for approval of site plans and a Site Plan Agreement by the Township of Armour.

Dated this _____ day of _____ 20____.

Signature

FOR OFFICE USE ONLY

Date Application Received: _____

File Number: _____

Checked by: _____

Fee Submitted: _____

Cost Acknowledgement Agreement Signed: _____

Site Plan Agreement required pursuant to:

- Site Plan control, Section 41 Planning Act
- Rezoning
- Official Plan Amendment
- Southeast Parry Sound District Planning Board Decision
- Committee of Adjustment Decision
- Ontario Municipal Board Order
- Other (specify)

Name of Registered Owner (Print): _____
(If owner is a numbered company, please provide details below)

Address: _____

Telephone/Fax Numbers: _____

E-MailAddress: _____

Numbered Company Authorization:

Please provide name and title for *two* signing officers for the company.

First Officer:

Name (Please print)

Title

I have the authority to bind the corporation.

Signature

Second Officer:

Name (Please print)

Title

I have the authority to bind the corporation.

Signature

Applicant (or authorized agent): _____

Address: _____

Telephone/Fax Numbers: _____

E-Mail Address: _____

Unless otherwise requested, all communication will be directed to the applicant.

Registered Owner's Authorization:

As of the date of this application, I am the registered owner of the lands described in this application, and I have examined the contents of this application and hereby certify that the information submitted with the application is correct insofar as I have knowledge of these facts, and I concur with the submission of this application by:

who I have appointed as my agent.

Signature of Registered Owner

Date

Mortgagee(s): _____

Address: _____

Telephone/Fax Numbers: _____

Location of Site

Lot _____ Concession _____ Plan Number _____ Lot Number in Plan _____

Frontage (Name of Lake or Road): _____

Existing Zoning: _____

Official Plan Designation: _____

Development Proposed: _____

SCHEDULE "A"
ARMOUR TOWNSHIP SITE PLAN CONTROL REQUIREMENTS

COST ESTIMATE OF SITE WORKS

On-Site Works

- | | | |
|---|------------------------------|---------|
| 1 | Site grading and preparation | \$..... |
| 2 | Paving and curbs | \$..... |
| 3 | Landscaping and walkways | \$..... |
| 4 | Site drainage | \$..... |
| 5 | Fencing | \$..... |

Off-Site Works

- | | | |
|---|--|---------|
| 1 | Storm drainage and culverts | \$..... |
| 2 | Roadwork | \$..... |
| 3 | Other works or services agreed to in preconsultation | \$..... |

TOTAL VALUE OF SITE WORKS: \$ _____

SUBMIT LETTER OF CREDIT in the amount of the above total \$ _____

NON REFUNDABLE ADMINISTRATION FEE:

Administration Fee: 5% of the cost of site works \$.....
(NOTE: This fee is capped at \$6,000.00)

TOTAL FEE: \$ _____

Cost Estimate Completed on: _____
Date