



APPLICATION FOR A DEVELOPMENT, INTERFERENCE WITH WETLANDS AND ALTERATIONS TO SHORELINES AND WATERCOURSES PERMIT

(CONSERVATION AUTHORITIES ACT - ONT. REG. 179/06)

PLEASE CLEARLY PRINT ALL INFORMATION - * DENOTES A REQUIRED FIELD
OWNER CONTACT INFORMATION:

* OWNER'S NAME: _____	* PHONE (BUS): _____
* MAILING ADDRESS: _____	* PHONE (RES) : _____
(Please note if different, we need the mailing address here <u>not</u> the project location address)	
*TOWN: _____	CELL: _____ * FAX: _____
*POSTAL CODE: _____	E-MAIL: _____

(If not owner - Please have a Landowner Authorization form completed and signed by the owner.)

*APPLICANT'S NAME: _____	* PHONE: _____
*ADDRESS: _____	FAX: _____
* TOWN : _____	CELL: _____
* POSTAL CODE: _____	E-MAIL: _____

* Project location: Municipal Address of project: _____
Lot:: _____ Conc: _____ Plan Lot: _____ Plan: _____ Municipality: _____

*Application is hereby made for: **Check appropriate box(es)**

- | | | |
|--|--|---|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> New Building | <input type="checkbox"/> Install a Septic System |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Fence | <input type="checkbox"/> LEAP |
| <input type="checkbox"/> Addition | <input type="checkbox"/> LOA | <input type="checkbox"/> Alter a Watercourse/Crossing |
| <input type="checkbox"/> Work at Shoreline | <input type="checkbox"/> Fill placement/Grade alteration | <input type="checkbox"/> Construct a Pond |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Watercourse Crossing | <input type="checkbox"/> Boathouse |

Type & Origin of Fill: eg. silt/clay/sand, on-site, off-site fill, if off-site please provide documentation verifying the clean contents of the fill

* **Description of proposed works:** _____



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This application must be accompanied by five (5) folded copies (6 copies in King Twp.) or digital submission of drawing via e-mail in .pdf format of all required drawings (ie. Detailed site plan, grading plan, build elevations, etc.) and payment of processing fee as determined by the Conservation Authority.

Please see page 6 for an example of a typical site plan.

NOTE: Insufficient or inaccurate information may delay the processing of your application. Please allow 30 days for processing. This application does not relieve the applicant of the obligation to secure any other necessary approvals. Fee subject to change without notice. Approval is valid for 24 months unless otherwise stated on the conditions of approval.

I, _____ declare that the above information is correct to the best of my

* **Please Print** _____ knowledge and I agree to abide by Ontario Regulation 179/06

“I acknowledge that this application and supporting documents will be considered as public documents and available to the public upon written request under the *Municipal Freedom of Information and Protection of Privacy* (the Act).. I understand that any and all personal information gathered by the LSRCA will be used only for the express purpose(s) of the application for which it has been provided, and will not be divulged to any third party, private or public, without prior written consent, as provided for in the Act.”

“I grant permission to LSRCA staff to enter onto my property to conduct site inspections”.

“I acknowledge and agree that any permit issued pursuant to this application may be revoked if it is issued on the basis of false, inaccurate or misleading information.”

* **Signature:** _____ ***Date:** _____

***Please check** Owner Agent/Applicant Other _____

***Please check** Call owner for pick up Call applicant for pick up Please mail permit

***Please check** preferred method of correspondence: Phone Fax Mail E-mail

Non- refundable processing fees			
<input type="checkbox"/> Violation Application	\$1,000.00	<input type="checkbox"/> Property Information Request	\$150.00
<input type="checkbox"/> Permit Application	450.00	<input type="checkbox"/> Site Plan Clearance	75.00
<input type="checkbox"/> Permit Application (minor)	150.00	<input type="checkbox"/> Permit Revision	300.00
Paid by <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa/ MasterCard <input type="checkbox"/> Debit			

“To help us serve you better - please call for an appointment”