

# APPLICATION FOR PERMITTED ENCROACHMENT ON MUNICIPAL PROPERTY

<b>Office Use</b>	File #	Date Received:	Complete Date:	Fee Paid/Date:
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The undersigned hereby applies to the Council of the Corporation of the Town of Smiths Falls for approval to encroach onto town lands, as outlined in this application and supporting documents. The undersigned hereby acknowledges that the filing of this application alone does not necessarily constitute fulfilling all the requirements of either the Town.

## 1. Ownership Information

Registered Owner's Name(s):

Mailing Address:

Telephone - Main: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

Date Property Acquired by the Current Owner (if known): \_\_\_\_\_

Copy of the deed must be submitted with the application.

Name and addresses of any mortgagees, holders or charges of other encumbrances:

## 2. Applicant Information

Applicant/Agent Name: \_\_\_\_\_

Note: If Applicant/Agent is different than Property Owner, the Owner's Authorization is required (see last page). Where indicated, the Applicant/Agent will receive all communications relating to this application.

Mailing Address: \_\_\_\_\_

Telephone - Main: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

Please Contact:  Owner  Agent  Both

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## 3. Description of Subject Lands

Geographic Twp: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Concession(s): \_\_\_\_\_

Reg. Plan: \_\_\_\_\_ Part/Block: \_\_\_\_\_ Ref. Plan: \_\_\_\_\_ Part(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ Roll Number: 0904- \_\_\_\_\_

Frontage: \_\_\_\_\_ (m) Depth: \_\_\_\_\_ (m) Area: \_\_\_\_\_ (m<sup>2</sup>)

**Type of Access:** (check appropriate box)

- Provincial Highway/Connecting Link (Lombard and Cornelia St)
- Municipal Road (maintained year around)
- Right-of-way (private road)
- Municipal Road (seasonally maintained)
- Water Access Only (Specify parking/docking facilities) \_\_\_\_\_
- Other (please explain) \_\_\_\_\_

Is there any easements or covenants currently restricting this property:  Yes  No

If yes, please describe: \_\_\_\_\_

## 4. Municipal Services Available (check appropriate box)

Available Services:	<input type="checkbox"/> Water	Connected Services:	<input type="checkbox"/> Water
	<input type="checkbox"/> Sanitary Sewers		<input type="checkbox"/> Sanitary Sewers
	<input type="checkbox"/> Storm Sewers		<input type="checkbox"/> Storm Sewers

If the property is on private services or proposed to be on private services, health unit approval is required.

## 5. Description of Encroaching Structure

Type of structure encroaching: \_\_\_\_\_

Is this a new or existing encroachment?  Existing  New

If existing, what year was the encroachment established? \_\_\_\_\_

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How far does the structure encroach onto municipal property? \_\_\_\_\_

How wide is the encroachment on municipal property? \_\_\_\_\_

If existing, is the extent of the encroachment proposed to increase? (ex. placement of garden beds, replacement of structure on larger footprint, structure reconfiguration etc.)

\_\_\_\_\_  
\_\_\_\_\_

Survey or Site Plan prepared by an Ontario Land Surveyor demonstrating the encroachment

Attached

## 6. Description of Existing Buildings/Structures (add a separate sheet if necessary)

*Note: All measurements must be provided in meters.*

### 1. Existing:

Proposed for demolition

Building/Structure Use \_\_\_\_\_ No. of Storeys \_\_\_\_\_

Date of Construction \_\_\_\_\_ Ground Floor Area \_\_\_\_\_

Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_

Setbacks: Side Yards (R) \_\_\_\_\_ (L) \_\_\_\_\_ Rear Yard \_\_\_\_\_ Front Yard \_\_\_\_\_

\_\_\_\_\_

### 2. Existing:

Proposed for demolition

Building/Structure Use \_\_\_\_\_ No. of Storeys \_\_\_\_\_

Date of Construction \_\_\_\_\_ Ground Floor Area \_\_\_\_\_ Gross Floor Area \_\_\_\_\_

Width \_\_\_\_\_ Length \_\_\_\_\_ Height \_\_\_\_\_

Setbacks: Side Yards (R) \_\_\_\_\_ (L) \_\_\_\_\_ Rear Yard \_\_\_\_\_ Front Yard \_\_\_\_\_

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## 7. Application History

a) Is the subject property subject to any of the following applications?

Application	Yes	No	Unknown	File # and Status
Official Plan Amendment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zoning By-law Amendment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plan of Subdivision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Site Plan Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Consent (Severance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Minor Variance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## 8. Present Official Plan Designation(s)

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## 9. Present Zoning Category(ies)

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## 10. Property Use:

a) Current use of the property: \_\_\_\_\_

b) Current use of the abutting property: \_\_\_\_\_

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## Statutory Declaration

I/We, \_\_\_\_\_ of (the town/township) \_\_\_\_\_  
in the country/district/region of \_\_\_\_\_ solemnly declare that:

i) All above statements and the information contained in this application and all of the additional information transmitted herewith are true, and I/we make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act;

ii) The Corporation of the Town of Smiths Falls staff, committee members, councilors and their designates are authorized to enter the property for the purposes of assessing this application so long as the file remains open; and,

iii) Should the Corporation of the Town of Smiths Falls incur professional or legal costs beyond the application fee which are associated with the application, I/we will be responsible for reimbursing such costs to the Town upon invoice.

**Declared before me at the town/township of**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**in the County/District/Region of**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_**

\_\_\_\_\_  
**Commissioner of Oaths**

\*To be witnessed by a Commissioner for taking affidavits. If joint ownership, signature of each individual is required. If the applicant is a corporation, the application shall be signed by an Officer of the corporation and the corporation's seal shall be affixed to such signature.

## Owner's Authorization for Agent to Make Application (Complete if Agent Appointed)

I/We, \_\_\_\_\_ am/are the owner(s) of the land  
and that is subject of this application for an encroachment onto municipal lands; and,

I, We authorize \_\_\_\_\_  
to make this application on my/our behalf.

\_\_\_\_\_  
**Signature of Owner(s)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Owner(s)**

\_\_\_\_\_  
**Date**