



Department of Engineering and Public Works
 26557 Civic Centre Road, Keswick, Ontario L4P 3G1
 TEL: 905-476-4301 FAX: 905-476-6902

APPLICATION FOR SITE ALTERATION PERMIT

PLEASE COMPLETE ALL APPLICABLE SECTIONS OF THE APPLICATION FORM. AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

PROPERTY INFORMATION:

MUNICIPAL ADDRESS:		
LOT No.:	PLAN No.:	CONC. No.:
ROLL No.:	TOWN LOT No.:	CURRENT ZONING:

LAND OWNER (CHECK ONE): <input type="checkbox"/> PERSON <input type="checkbox"/> COMPANY

REGISTERED LAND OWNER:

SURNAME	FIRST NAME	INITIAL
ADDRESS:		

TELEPHONE:	FAX:
CELL:	EMAIL:

CONSULTANT INFORMATION:

COMPANY NAME:

TELEPHONE:	FAX:
CELL:	EMAIL:
ADDRESS:	
LEGAL NAME (For use with agreements):	
DESIGNATE (To which all correspondence will be sent):	

CONTRACTOR INFORMATION:

COMPANY NAME:

TELEPHONE:	FAX:
CELL:	EMAIL:
ADDRESS:	
LEGAL NAME (For use with agreements):	
DESIGNATE (To which all correspondence will be sent):	

TYPE OF WORK:

- | | |
|--|--|
| <input type="checkbox"/> NEW BUILDING CONSTRUCTION | <input type="checkbox"/> ACCESSORY STRUCTURE |
| <input type="checkbox"/> SEPTIC SYSTEM | <input type="checkbox"/> GREATER THAN 20m ² FLOOR AREA |
| <input type="checkbox"/> IN-GROUND POOL | <input type="checkbox"/> LESS THAN 20m ² FLOOR AREA |
| <input type="checkbox"/> ADDITION | <input type="checkbox"/> FILL PLACEMENT |
| <input type="checkbox"/> FOUNDATION | <input type="checkbox"/> LESS THAN 250m ³ IMPORTED FILL |
| | <input type="checkbox"/> 250m ³ TO 2000m ³ IMPORTED FILL |
| | <input type="checkbox"/> OVER 2000m ³ IMPORTED FILL |

PROPOSED START DATE:	PROPOSED COMPLETION DATE:
BRIEFLY DESCRIBE WORK PROPOSED:	
ESTIMATED VOLUME OF FILL TO BE IMPORTED, (INCLUDING ALL MATERIAL FOR DRIVEWAY AND/OR SEPTIC CONSTRUCTION):	

FEES

Application Fee:	Municipal Services Fee:
Security Amount:	Agreement Prep. Fee:
	TOTAL PAYMENT:

OWNER AUTHORIZATION (If an Agent is used)

The owner must complete this section. For more than one owner, a separate authorization form for each individual or corporation is required. Attach an additional page in the same format as this authorization, if necessary.

I, _____ being the registered owner of the subject lands, hereby authorize _____ to submit the above application to the Town of Georgina for approval thereof.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

CONSENT FOR RELEASE OF INFORMATION:

In accordance with the provisions of the Planning Act, RSO 1990, c.P13, as amended, I understand that all information and material that is submitted with any application shall be made available to the public. In submitting this application and any supporting materials or information, I hereby acknowledge the above-noted and provide my consent in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, RSO 1990, c.M56, as amended, that all information, documents, drawings and plans provided with this application by myself, my agents, consultants and solicitors, will be part of the public record and will also be made available to the general public.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Note: Original signature(s) are required for the record. In the case of a corporation, the signature(s) must be that of an officer(s) with authority to bind the corporation.

PERMISSION TO ENTER:

The applicant acknowledges that a site walk may be required in order to view the property and its relation to the surrounding lands, and in this regard authorizes members of Council (or a representative thereof), Town staff, Peer Review Consultants retained by the Town, and relevant External Agency Review Staff to enter onto the subject property for the purpose of evaluating the merits of the application.

OWNER(S) / AGENT(S) SIGNATURE

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Note: Original signature(s) are required for the record. In the case of a corporation, the signature(s) must be that of an officer(s) with authority to bind the corporation.

IMPORTANT INFORMATION

- THE PERMIT IS VALID FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF ISSUE BUT SHALL EXPIRE AFTER SIX (6) MONTHS FROM THE DATE OF ISSUE SHOULD NO WORK BE COMMENCED BY THAT DATE.
- THE SECURITY DEPOSIT WILL BE REFUNDED TO THE INDIVIDUAL/COMPANY WHO PROVIDED INITIAL PAYMENT FOLLOWING A FINAL INSPECTION BY THE DEPARTMENT OF ENGINEERING AND PUBLIC WORKS. PLEASE NOTE THAT THE DEPOSIT WILL BE APPLIED TO ANY UNPAID TAXES AND/OR WATER AND SEWER CHARGES. THE APPLICATION FEE, MUNICIPAL SERVICES FEE, AND AGREEMENT PREPARATION FEE ARE NON-REFUNDABLE. THE DEPOSIT WILL BE REFUNDED UPON CANCELLATION OF A PERMIT, LESS THE ADMINISTRATION FEE, PROVIDED THAT NO WORK HAS BEEN COMMENCED.
- THE OWNER HEREBY AUTHORIZES THE TOWN OF GEORGINA TO ENTER ONTO THE SUBJECT LANDS FOR THE PURPOSES OF INSPECTION OR WITH LABOUR AND EQUIPMENT TO COMPLETE OR REPAIR ANY WORKS AS DEEMED NECESSARY BY THE DIRECTOR OF ENGINEERING AND PUBLIC WORKS.
- APPLICATION FEES AND SECURITY DEPOSITS SHALL BE DOUBLED IN THE EVENT THAT SITE ALTERATION HAS OCCURRED IN CONTRAVENTION OF BY-LAW 2011-0044 (REG-1)
- THE TOWN OF GEORGINA MAY ENGAGE LEGAL, ENGINEERING, HYDROLOGY, ENVIRONMENTAL, ARBORISTS, LANDSCAPE OR ANY OTHER CONSULTANT AS DEEMED NECESSARY BY THE DIRECTOR OF ENGINEERING AND PUBLIC WORKS IN ORDER TO EVALUATE STUDIES AND/OR AGREEMENTS IN WHICH CASE THE COSTS INCURRED FOR SUCH EVALUATIONS SHALL BE CHARGED BACK TO THE APPLICANT PLUS A 5% ADMINISTRATION FEE.
- FEES SHALL BE ADJUSTED UPON COMPLETION OF WORK WHERE REQUIRED TO REFLECT TOTALS BASED ON ACCURATE FILL VOLUMES VERIFIED BY A PROFESSIONAL ENGINEER PRIOR TO FINAL CLEARANCE.
- IT IS THE LANDOWNER’S RESPONSIBILITY TO OBTAIN ALL NECESSARY APPROVALS FROM ANY FEDERAL, PROVINCIAL, REGIONAL OR MUNICIPAL AGENCIES PRIOR TO PROVIDING APPLICATION FOR A SITE ALTERATION PERMIT.

APPLICANT CERTIFICATION

The applicant certifies to have read the Site Alteration By-law and Schedules and agrees to abide by all the conditions therein.

I, _____ hereby make the above application for Site Alteration, declaring that all information contained herein is true and correct, and acknowledge the Town of Georgina will process the application based on the information provided.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

FOR OFFICE USE ONLY	
COMPLETED APPLICATION RECEIVED:	
APPLICATION APPROVED FOR RECEIPT:	
APPROVED BY:	
SITE ALTERATION PERMIT ISSUED:	PERMIT ISSUED BY:

REQUIREMENTS (CHECKLIST):

	REQUIRED & INCLUDED	NOT REQUIRED	EXPLANATION
APPLICATION PERMIT FEES	<input type="checkbox"/>	<input type="checkbox"/>	
PERMIT TO CONNECT	<input type="checkbox"/>	<input type="checkbox"/>	
WATER METER	<input type="checkbox"/>	<input type="checkbox"/>	
ENTRANCE PERMIT <input type="checkbox"/> Town of Georgina <input type="checkbox"/> Region of York <input type="checkbox"/> Ministry of Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
LAKE SIMCOE REGION CONSERVATION AUTHORITY PERMIT/CLEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	
TREE REMOVAL PERMIT (REGION OF YORK)	<input type="checkbox"/>	<input type="checkbox"/>	
LETTER OF CREDIT OR OTHER FORM OF SECURITY	<input type="checkbox"/>	<input type="checkbox"/>	
PROOF OF LIABILITY INSURANCE (minimum \$5,000,000.00)	<input type="checkbox"/>	<input type="checkbox"/>	
EROSION/SEDIMENT/DRAINAGE CONTROL REPORT	<input type="checkbox"/>	<input type="checkbox"/>	
ARCHAEOLOGICAL HERITAGE STUDY (FOR FILL 2000m ³ OR MORE)	<input type="checkbox"/>	<input type="checkbox"/>	
TREE PRESERVATION STUDY	<input type="checkbox"/>	<input type="checkbox"/>	
FILL SOIL ANALYSIS REPORT	<input type="checkbox"/>	<input type="checkbox"/>	
DIRECTOR/COUNCIL APPROVAL OF AGREEMENT (if greater than 250m ³ of fill)	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER APPLICABLE REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	