

APPLICATION
FOR A SITE ALTERATION PERMIT TO DUMP, PLACE OR REMOVE FILL
Pursuant to By-law No. 2005-25 of the Corporation of the Township of Hamilton

Please Clearly Print All Information

Contact Information

Property Owner's Name(s) _____

Mailing Address _____

Telephone # Home _____ Work _____ Fax _____

Applicant / Agent's Name _____

Mailing Address _____

Telephone # Home _____ Work _____ Fax _____

Property Owner Authorization (if applicant/agent is not owner)

(signature)

Location of Proposed Works

Lot ____ Concession ____ Reg. Plan No. ____ Assessment Roll Number _____

Municipal address _____

- Consent is given to the Township of Hamilton, its employees and authorized representatives to access the property for the purposes of obtaining information and monitoring any approved construction.
- Permits granted by the Township of Hamilton or the Ganaraska Conservation Authority are not transferable.
- Approvals, permits, etc. may be required from other agencies prior to undertaking the work proposed. Permission, if granted for the proposed work, does not exempt the owner/agent from complying with any or all other approvals, laws, statutes, ordinances, directives, regulations, etc. that may affect the property or the use of same.
- Should the information provided on or with this application be untrue or incorrect, or become untrue or incorrect, the Township of Hamilton reserves the right to withdraw any permission granted.
- Permits contain important conditions; contractors must post a copy of the permit on-site.
- In submitting this development application and supporting documentation, the applicant hereby acknowledges and provides consent in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act that the information on this application and any supporting documentation provided by the applicant, agents, consultants and solicitors, will be part of the public record and will also be available to the general public.
- The information on this form is being collected and will be used for the purpose of administering a regulation made pursuant to the Municipal Act, 2001, S.O., c.25.
- Insufficient information may delay the processing of your application. REFER TO SITE ALTERATION GUIDELINES.

What is the purpose of the work (attached additional pages if necessary)?

Proposed Starting Date _____ Completion Date _____

Is all your fill remaining on site? (If answer is NO, you must specify an address to where the fill is to be removed.).

Yes _____ No _____ Address _____

I/we, the undersigned, hereby certify to the best of my/our knowledge and belief that all of the above noted, attached and/or supporting information is correct and true. I/we further solemnly declare that I/we have read the Township's Site Alteration Guidelines and fully understand the contents of this application, and specifically the terms and conditions and the declaration which are written below.

Date _____

Signature _____

(Circle one) Applicant Owner Authorized Agent