

56 ONTARIO STREET PO BOX 533 BURK'S FALLS, ON (705) 382-3332 (705) 382-2954 Fax: (705) 382-2068

Website: www.armourtownship.ca

## **APPLICATION FOR SITE PLAN AGREEMENT**

Applicant`s Name:		Roll No:			
		Site Plan Agreemer Amendment to Site			
I/We hereby submit an application for approval of site plans and a Site Plan Agreement by the Township of Armour.					
С	Dated this	day of	, 20		
	Signature				
FOR OFFICE	FOR OFFICE USE ONLY				
Date Application Received:					
Checked By:					
Fee Submitte	d:				
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 (please print)(If owner is a numbered company, please complete details below)					
Address:					
Telephone / Fax / Cell #s:					
E-mail Address:					
Numbered Company Authorization:					
Please provide name and title for <u>two</u> signing o	fficers 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/Cell #s:						
Email 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	_					

Mortgagees	s(s):		
Address: _			
Telephone/	Fax Numbers:		
Location of	Site		
		Plan Number	Lot # in Plan
Frontage (N	Name of Lake or Road	):	
Existing Zo	ning:		
Official Plan	n Designation:		
Developme	ent Proposed:		

## **ARMOUR TOWNSHIP SITE PLAN CONTROL REQUIREMENTS**

## **COST ESTIMATE OF SITE WORKS**

On-Si	te Works				
1.	Site grading and preparation	\$			
2.	Paving and curbs	\$			
3.	Landscaping and walkways	\$			
4.	Site drainage	\$			
5.	Fencing	\$			
Off-S	te Works				
1.	Storm drainage and culverts	\$			
2.	Roadwork	\$			
3.	Other works or services agreed to in pre-consultation	\$			
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)		\$			
TOTA	L FEE:	\$			
Cost I	Estimate Completed on: Date				