Township of Centre We	Application for a						
Building & Development Services Department 1 Macdonald Square, P.O. Box 10 Elora On. N0B 1S0					Site Alteration Permit		
			ration Bylaw No	o. 2019-25			
Application Number:			Building {Per	mit Number:	SAP:		
Date Received:	Roll Number:						
Property Location							
	treet Name						
Legal Description				Assessme	ent Roll No.		
Applicant Information Applicant I	s: 🗌 Th	<mark>e Owner: o</mark>	r [The Authorize	d agent of the Owner		
(if a corporation or partnership, name of person a	oplying on its be	ehalf)					
Last Name	First N	ame			Middle Initial		
Corporation or Partnership (if applicable)							
Street No.	Street	Name					
Municipality		F	Province		Postal Code		
Tel. No.	Fax No.	•		Cell No.			
E-Mail Address (optional)							
Owner Information (If differen	t from applicant	t)					
(if a corporation or partnership, name of person a	oplying on its be	ehalf)					
Last Name	First N	ame			Middle Initial		
Corporation or Partnership (if applicable)							
Street No.	Street	Name					
Municipality			Province		Postal Code		
Tel. No.	Fax No.			Cell No).		
E-Mail Address (optional)							
Consulting Engineers Information			from applicant)				
(if a corporation or partnership, name of person a	 I						
Last Name	First N	ame			Middle Initial		
Corporation or Partnership (if applicable)							
Street No.	Street	Name	1				
Municipality	-11		Province		Postal Code		
Tel. No.	Fax No.			Cell No).		
E-Mail Address (optional)							
	t from applicant						
(if a corporation or partnership, name of person a							
Last Name	First N	ame			Middle Initial		
Corporation or Partnership (if applicable)							
Street No.	Street	Name					
Municipality	T T		Province		Postal Code		
Tel. No.	Fax No.			Cell No).		
E-Mail Address (optional)							
Purpose of the Site Alteration Permit							
Dumping or Place of Fill		emove To	opsoil		Alteration of Grade		
Description Of Work:							
Area of Subject Property	Area of Fill / Excavation			Volume of Fill / Excav.			
Estimated Cost of Required Site Work:	Required Site		te Restoration	Work			
Work Schedule : Start Date		End Da	ate				
Use / Proposed Use of Property:							
Describe the composition of the fill being	g Dumper or	Placed:					
Does any part of the site contain a wate	rcourse?			Yes	No		
If yes, is the watercourse regulated by the Grand Riv			ervation ^Г				
Authority?				Yes	No		

Subm	itted Plans and Specifications
This a	pplication must be accompanied by the following Attachments
0	Copies of a Sediment and Erosion Control Plan prepared by a Professional Engineer or other qualified person as deemed by the Township
0	The required Permit Application Fee
0	Require deposit agreement and security deposit in a form acceptable to the Township Treasurer
0	Owners Authorization if the Applicant is not the Owner
0	Copies of any require external agency permit (Grand River Conservation Authority, Ministry of Transport, Ministry of Natural Resources, etc)
0	Any other required report by the Township of Centre Wellington (e.g archaeological report, vegetation analysis, environmental impact assessment or geotechnical report)
accom	(Please Print) the undersigned hereby applies for a Site Alteration Permit affecting the above-described property and I declare that the information contained in this application and apanying plan(s) and specifications is true. I understand that a Permit may not be issued until an Agreement ha signed and registered on title, and where applicable appropriate security has been provided.
	y that I am the registered owner of the property, or have legal authority from the owner to make this application and authority to bind the corporation or partnership.
Note : the app	Date Signature of Applicant The application shall be signed by the owner of the land that is the subject of the application or a person authorized to make the application. In licent is not the owner of the land that is the subject of this application, a written authorization must be completed and attached to this application owner certifying that the applicant agent is authorized to make the application.
	(Please Print) hereby grant employees and agents of the Township atre Wellington permission to enter the subject lands to inspect the site upon which the proposed work related to this ation applies. I also hereby grant authority to share the information contained in this application, as necessary.
C	Date Signature of Applicant
	OFFICE USE ONLY
	reviewed that the application and documentation in support of this application for a Site Alteration Permit and I mend:
1) 🗌	Approval of the Application 2) Approval subject to Attached Agreement of Conditions of Approval
3) 🗌	Refusal of the Permit (see attached reasons)
Inspecto	ors Signature Date