

**Township of Centre Wellington**

Building & Development Services Department  
 1 Macdonald Square, P.O. Box 10 Elora On. N0B 1S0

# Application for a Site Alteration Permit

*Pursuant to the Site Alteration Bylaw No. 2007-XXXX, Section x.x.x*

Application Number: _____	Building {Permit Number: _____	<b>SAP:</b> _____
Date Received: _____	Roll Number: _____	_____

**Property Location**

Street No.	Street Name
Legal Description	Assessment Roll No.

**Applicant Information**

Applicant Is:  The Owner: or  The Authorized agent of the Owner

(if a corporation or partnership, name of person applying on its behalf)

Last Name	First Name	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)		

**Owner Information**

( If different from applicant )

(if a corporation or partnership, name of person applying on its behalf)

Last Name	First Name	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**

( If different from applicant )

(if a corporation or partnership, name of person applying on its behalf)

Last Name	First Name	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)		

**Contractor Information**

( If different from applicant )

(if a corporation or partnership, name of person applying on its behalf)

Last Name	First Name	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)		

**Purpose of the Site Alteration Permit:**

<input type="checkbox"/> Dumping or Place of Fill	<input type="checkbox"/> Remove Topsoil	<input type="checkbox"/> Alteration of Grade
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**Description Of Work:**

Area of Subject Property

Area of Fill / Excavation

Volume of Fill / Excav.

Estimated Cost of Required Site Work:

And Site Restoration Work

Work Schedule : Start Date

End Date

Use / Proposed Use of Property:

Describe the composition of the fill being Dumper or Placed:

Does any part of the site contain a watercourse?

 Yes No

If yes, is the watercourse regulated by the Grand River Conservation Authority?

 Yes No**Submitted Plans and Specifications**

This application must be accompanied by the following Attachments

- Copies of a Sediment and Erosion Control Plan prepared by a Professional Engineer or other qualified person as deemed by the Township
- The required Permit Application Fee
- Require deposit agreement and security deposit in a form acceptable to the Township Treasurer
- Owners Authorization if the Applicant is not the Owner
- Copies of any require external agency permit (Grand River Conservation Authority, Ministry of Transport, Ministry of Natural Resources, etc)
- Any other required report by the Township of Centre Wellington (e.g archaeological report, vegetation analysis, environmental impact assessment or geotechnical report)

That I, \_\_\_\_\_ (Please Print) the undersigned hereby applies for a Site Alteration ( Fill ) Permit affecting the above-described property and I declare that the information contained in this application and accompanying plan(s) and specifications is true. I understand that a Permit may not be issued until an Agreement has been signed and registered on title, and where applicable appropriate security has been provided.

I certify that I am the registered owner of the property, or have legal authority from the owner to make this application and have authority to bind the corporation or partnership.

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Applicant

**Note :** 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. *If the applicant 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 by the owner certifying that the applicant agent is authorized to make the application .*

That I, \_\_\_\_\_ ( Please Print) hereby grant employees and agents of the Township of Centre Wellington permission to enter the subject lands to inspect the site upon which the proposed work related to this application applies. I also hereby grant authority to share the information contained in this application, as necessary.

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Applicant**OFFICE USE ONLY**

I have reviewed that the application and documentation in support of this application for a Site Alteration Permit and I recommend:

- 1)  Approval of the Application                      2)  Approval subject to Attached Agreement of Conditions of Approval  
 3)  Refusal of the Permit ( see attached reasons)

Inspectors Signature

Date