



TOWNSHIP OF CENTRE WELLINGTON
APPLICATION FOR CLEARANCE OF CONDITIONS
SEVERANCE

APPLICATION NUMBER: _____ **DATE RECEIVED:** _____

1. PROPERTY INFORMATION	
Municipal Address:	
Legal Description:	
Cty File Number :	

2. REGISTERED OWNER(S) INFORMATION			
Name(s):			
Mailing Address:			
City:		Postal Code:	
Home Phone:		Work Phone:	
Fax:		Email:	

3. AUTHORIZED AGENT(S) – If Any			
Company Name:			
Name:			
Mailing Address:			
City		Postal Code:	
Work Phone:		Mobile Phone:	
Fax:		Email:	

The undersigned hereby requests the Township of Centre Wellington to provide a clearance letter to the County of Wellington regarding the conditions applicable to the Township on the severance application noted on this application form. Further, the appiccate agrees to provide the required fee of \$1008.00

The applicant acknowledges it’s their responsibility to ensure that all the conditions are fulfilled and to demonstrate to the Township how they have been fulfilled. Failure to provide complete information may result in the Township requiring additional time to the complete the clearance process for the application.

_____	_____	_____
Name of Owner	Signature of Owner	Date

_____	_____	_____
Name of Agent	Signature of Agent	Date