



Office Use Only	
File No.	

## APPLICATION FOR AN ENCROACHMENT

Please note that this application must be typed or printed in ink and completed in full. An incomplete or improperly prepared application may not be accepted and could result in processing delays.

### A. APPLICANT INFORMATION

Name of Owner(s)	_____	Phone Number	_____
	_____	Fax Number	_____
Street Address	_____		
City / Town	_____	Postal Code	_____
Email Address	_____		

### B. LOCATION / LEGAL DESCRIPTION OF PROPERTY

Geographic Township	_____		
Urban Area or Hamlet	_____		
Concession Number	_____	Lot Number	_____
Registered Plan Number	_____	Lot(s) / Block(s)	_____
Reference Plan Number	_____	Part Number(s)	_____
Land Titles Property Identification Number	P.I.N. # ( _____ - _____ )		
911 Number and Name of Street / Road	_____		

### C. PROPERTY INFORMATION

Present use of the subject land: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**D. ENCROACHMENT INFORMATION**

1. Municipal Road / Property encroaching upon: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Please describe any existing buildings and structures that are encroaching on municipal property.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Dimensions of encroachment: \_\_\_\_\_

\_\_\_\_\_

4. History and estimated length of time of encroachment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**E. FREEDOM OF INFORMATION**

For the purposes of the Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by of the disclosure to any person or public body any information that is collected under the authority of the Municipal Act for the purposes of processing this application.

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Owner Signature

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Date