

THE CORPORATION OF THE TOWN OF PARRY SOUND  
APPLICATION FOR THE CLOSURE OF A ROAD ALLOWANCE

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NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ (H) \_\_\_\_\_ (B)

LOCATION OF ROAD ALLOWANCE

Road Allowance Abuts: \_\_\_\_\_

Street & Civic Address: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Registered Plan Number: \_\_\_\_\_

Township Lot: \_\_\_\_\_ Concession Number: \_\_\_\_\_

**NOTE:** A legal survey plan or a property plan accurately drawn to scale will be required when the application is submitted

DIMENSIONS OF LAND AFFECTED

Average Width: \_\_\_\_\_ Average Depth: \_\_\_\_\_

Area: (metres) \_\_\_\_\_ (hectares) \_\_\_\_\_

LAND USE

Existing Uses: (if any) \_\_\_\_\_

Adjacent Land Use: \_\_\_\_\_

Adjacent Land Ownership: \_\_\_\_\_

Proposed Use of Land: (if approved) \_\_\_\_\_

ZONING DESIGNATION

Existing Zoning: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_

**NOTE: THE APPLICANT HEREBY AGREES:**

- (a) to reimburse the Municipality for any costs incurred in processing this application which are above and beyond the amount of the application fee.
- (b) if required by the Municipality to pay a deposit in addition to the application fee, prior to the processing of this application.
- (c) This application relates only to Council consideration of the closure of the allowance. If closure is recommended further procedures under the Municipal Act will be required.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT