

Development Services 4432 George St, Box 100 Sydenham, ON K0H 2T0 613-376-3027

building@southfrontenac.net

## **Civic Addressing Application Form**

Applicant Information:			Date:		
Name:					· · · · · · · · · · · · · · · · · · ·
Company Name (if a	pplicable):				
Mailing address:	<del></del>				
Phone:		Email:			
Property Informatio	n:				
Legal Description: I	Lot:C	Concession:	Plan No.: _		_ Part:
Road name:					· · · · · · · · · · · · · · · · · · ·
Roll #: <u>1029-</u>					
Address to the east o					
Civic Address requ	est informatio	on:			
Reason(s) for obtain	ing a civic add	ress? Check all	that apply:		
Building Permit F	Replacement	Subdivision	Severance	Site Plan	Other
Please ensure that	the following	is included wit	th this applicati	on:	
<ol> <li>Payment of the \$         debit or credit can     </li> <li>An approved Ent         2490 Keeley Roa     </li> <li>A copy of the tax</li> </ol>	rd. rance permit is ad) if located or	s required from t n a public road.			
Owner's name (if diff	erent from the	Applicant's nan	ne):		
Signed b	by Owner	<del></del>		Date	
Office Use Only: New Civic Address	:		Date Received: Fee Paid: _\$		
Completed Date:			File #:		
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