

Development Services 4432 George St, Box 100 Sydenham, ON K0H 2T0 613-376-3027 Ext 2226 slight@southfrontenac.net

## **Civic Addressing Application Form**

Applicant Information:			Date:			
Name:						
Company Name (	(if applicable):					
Mailing address:						
Phone:	one: Email:					
Property Informa	ation:					
Legal Description	: Lot:C	Concession:	Plan No.:		_ Part:	
Road name:						
Roll #: <u>1029-</u>						
Civic address bef	ore/after or across	road:				
Civic Address re	quest information	n:				
Reason(s) for obt	aining a civic add	ress? Check all	that apply:			
Building Permit	Replacement	Subdivision	Severance	Site Plan	Other	
Attachments:						
Please ensure th	nat the following	is included wit	h this applicat	ion:		
debit or cre 2) An Approv	of the <b>\$103.00</b> civided the standard of the standard civil card - in person of the standard of the standard card of the standard of the stand	on at our office . nit is required fro	m the Public Se		-	
Owner's name (if	different from the	Applicant's nam	ne):			
Signed by Owner			Date			
Office Use Onl New Civic Addr			Date Received: _ Fee Paid: \$			
Completed Date	te:		File #:		_	