

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

Civic Addressing Application Form

Applicant Inform	nation:		Date:		
Name:					
Company Name ((if applicable):				
Mailing address:					
Phone:		Email:			
Property Informa	ation:				
Legal Description	: Lot:C	Concession:	Plan No.:		_ Part:
Road name:					
Roll #: <u>1029-</u>					
Address to the ea	st or west or acro	ss road:			
Civic Address re	equest 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 \$103.00 civided it card. Ted Entrance permey Road) if located	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 Only:			Date Received: _		
New Civic Addr			Fee Paid: _\$		
Completed Date	te:		File #:		