



6648 Road 506, Plevna, Ontario K0H 2M0
 Tel: (613) 479-2231 or (800) 234-3953 Fax: (613) 479-2352
www.northfrontenac.com

Shipping Container Placement Application

An \$80 Non-Refundable Deposit required with the complete Application

Property owner information

Name(s):	
Address:	Email:
Telephone: Home:	Work:

Property information

Assessment Roll Number: 1042 - _____
Lot: ____ Concession: _____ or Subdivision Lot: _____ Plan No. _____
Civic Address of Property: _____
Name of Lake or River (if property is adjacent to water): _____

Shipping Container location-proposed setbacks

Side Yard ____ ft or ____ m	Side Yard: ____ ft or ____ m	Rear Yard: ____ ft or ____ m
Front Yard (not on water) ____ ft or ____ m	OR	Lakeshore Setback (if on water) ____ ft or ____ m

Shipping Container information

Length: ____ ft or ____ m	Width: ____ ft or ____ m
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Plot plan

Please show proposed location of the Shipping Container in relation to property lot lines including shoreline (if applicable). Also indicate any other landmarks such as septic system, well, accessory buildings, easements, driveway, etc.

Property Owner(s) Signature(s)

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Directions to property

Please provide clear and concise directions to the property. If necessary, draw a sketch on the reverse.

Please Note: Upon placement approval, you will receive a Shipping Container placement card (Laminated Placement card) that shall be posted and an Invoice for a Shipping Container Bylaw # 66-22, being a By-law to licence and prohibit without a license, Shipping Container (now defined as Shipping Container By-law) located in the Municipality except from fees of \$150 are containers 15m square or less all others will have a fee \$150 and subject to the shipping containers By-law being placed without a permit the fees will be \$300, this will be reviewed by the CBO. A copy of the By-law is available on the Township website or can be obtained by contacting the Municipal Office.

To be completed by a Building Department Official

Date Application Received:	Site Inspection Date:
Placement Approval Number:	Placement Approval Date:
_____ Name and Title	_____ Signature of Authorized Building Department Official