

Plevna, Ontario K0H 2M0
Tel: (613) 479-2231 or 1-800-234-3953, Fax: (613) 479-2352
Email: clerkplanning@northfrontenac.ca

Shore Road Closing Application

Applicant Information – Please note: Must include all partied listed on the Deed.					
Applicant Name(s) – All Registered Property Owner(s)					
Mailing Address:					
Phone Number:					
E-mail Address:					
Applicant's Property Information					
Assessment Roll Number: 1042					
Civic Address of Property:					
Name of Lake or River:					
Road Allowance Information					
Has the Road Allowance ever been used as a Public Road? Yes No					
Will the closure of this Road Allowance prohibit access to any other property? Yes No					
Are there any easements/restrictive covenants affecting this Road Allowance? Yes No					
If Yes to any of the above, please provide details:					

Applicant's Solicito	r Information
Name of Firm:	
Mailing Address:	
Solicitor Name:	
Telephone Number:	
E-mail Address:	
Notice of Collection	of Personal Information
and Disposition of La portion of a road allow collected in this Appli Agenda which is post be addressed to the telephone at 613-479 clerkplanning@northet. Note: Please be advallowance will be noting your property.	rised the abutting property owners on either side of the subject road ified in writing of your intention to purchase the road allowance abutting
Applicant(s) Signati	ıre
	Date:
	Date:
	Date:
	Date:



Shore Road Closing Inspection Authorization

I/We				
do hereby author	rize the Township of N	lorth Frontena	ic and its Age	ents, Employees and
Contractors to e	enter onto the proper	ty owned and	l/or leased b	y me/us, located at
				_ for the purpose of
assessing and in	specting the Shore R	oad Allowanc	e.	
Dated this	day of		, 20	
Witness				
Signature of Pro	perty Owner			
Witness				
Signature of Pro	perty Owner			