

**DEVELOPMENT SERVICES DEPARTMENT
37 SANDIFORD DRIVE, 4TH FLOOR
STOUFFVILLE, ON, L4A 7X5
TEL: 905-640-1900 or 905-895-2423
FAX: 905-640-7957**

**APPLICATION FOR SITE ALTERATION PERMIT
Pursuant to the Town of Whitchurch-Stouffville by-law no. 2008-016-RE**

Please complete all applicable sections of the application form. An incomplete application will not be processed.

OWNER / APPLICANT INFORMATION			
Property Owner: (check one)		Person (s) <input type="checkbox"/>	Company <input type="checkbox"/>
Registered Land Owner:	Surname:	First Name:	Initial:
Name: (if company)		Company Officer:	
Address:			
Contact Nos.:	Tel:	Cell:	
	Fax:	E-mail:	
Application Contact:	Surname:	First Name:	Initial:
Contact's Address:			
Contact Nos.:	Tel:	Cell:	
	Fax:	E-mail:	

PROPERTY INFORMATION	
Address:	
Registration Plan No:	Lot / Block No.:
Roll No.:	Conc. & Lot No.:
Site Area:	19TM No.:

APPLICATION FOR SITE ALTERATION PERMIT
Pursuant to the Town of Whitchurch-Stouffville by-law no. 2008-016-RE

CONSULTANT INFORMATION			
Company Name:			
Contact Person:	Surname:	First Name:	Position:
Address:			
Contact Nos.:	Tel	Cell:	
	Fax	E-mail:	
Legal name for use with agreements:			
Designate to which all correspondence will be sent:			

CONTRACTOR INFORMATION			
Company Name:			
Contact person:	Surname:	First Name:	Position:
Address:			
Contact Nos.:	Tel:	Cell:	
	Fax:	E-mail:	
Legal name for use with agreements:			
Designate to which all correspondence will be sent:			

APPLICATION FOR SITE ALTERATION PERMIT
Pursuant to the Town of Whitchurch-Stouffville by-law no. 2008-016-RE

DESCRIBE PROPOSED WORK BRIEFLY

REQUIREMENTS			
Proposed start date:			
Proposed completion date:			
	Required & Included	Not Required	Notes of Explanation
Application permit fees (as per latest Fee By-law)	<input type="checkbox"/>	<input type="checkbox"/>	
Letter of credit or other form of security	<input type="checkbox"/>	<input type="checkbox"/>	
Proof of liability insurance (minimum \$5,000,000)	<input type="checkbox"/>	<input type="checkbox"/>	
Erosion / sediment / drainage control report	<input type="checkbox"/>	<input type="checkbox"/>	
Archaeological heritage study	<input type="checkbox"/>	<input type="checkbox"/>	
Tree / hedgerow preservation study	<input type="checkbox"/>	<input type="checkbox"/>	
Fill soil analysis report	<input type="checkbox"/>	<input type="checkbox"/>	
Oak Ridges Moraine soil permeability report	<input type="checkbox"/>	<input type="checkbox"/>	
Council approval of agreement if greater than 5,000 m³ of fill	<input type="checkbox"/>	<input type="checkbox"/>	

APPLICATION FOR SITE ALTERATION PERMIT
Pursuant to the Town of Whitchurch-Stouffville by-law no. 2008-016-RE

OWNER'S AUTHORIZATION (If an Agent is used)	
The owner must complete this section. For more than one owner, a separate authorization form for each individual or corporation is required. Attach an additional page in the same format as this authorization, if necessary.	
I, _____ being the registered owner of the subject lands, hereby authorize _____ to submit the above application to the Town of Whitchurch-Stouffville for approval thereof.	
Signature:	Date:
Printed name of signatory:	Title:

APPLICANT'S CERTIFICATION	
The applicant certifies to have read the Site Alteration By-law and Schedules and agrees to abide by all the conditions therein.	
I, _____ hereby make the above application for Site Alteration, declaring that all information contained herein is true and correct, and acknowledge the Town of Whitchurch-Stouffville will process the application based on the information provided.	
Signature:	Date:
Printed name of signatory:	Title:

FOR OFFICE USE ONLY	
Completed application received on:	
Application approved for receipt on:	
Approved by:	
Site alteration permit issue on:	
Property management system entry on:	
Entered by:	