

**Municipality of Two Borders
Southwest Planning District
Conditional Use – Application Form
Under Part 7 of the Planning Act**

Section 1- TO BE COMPLETED BY APPLICANT/HOMEOWNER

Contact Information:

Registered Owner(s) Name: _____
Mailing Address: _____
Province: _____ Postal Code: _____
Phone Number: _____ Email: _____

Applicants Name (if different from Above): _____
Mailing Address: _____
Province: _____ Postal Code: _____
Phone Number: _____ Email: _____

Property/Land Information:

Roll No.: _____ Name of Municipality: _____
Lot(s) _____ Block: _____ Plan No. _____ **OR**
¼ Section: _____ SEC: _____ TWP: _____ RGE: _____
Civic Address: _____
Description of Existing: _____

Proposed Development: _____

**** Application form must be signed by all owners listed on the title****

Declaration:

I/We, _____, (please print) hereby make application for a variation of the above noted requirements of the Municipality of Two Borders Zoning by-law 89/2022 as it applies to the land location described above, in accordance with the attached site plan. We undertake to comply with all the requirements of the Municipality of Two Borders Zoning By-law 89/2022, as amended, and any other municipal requirement in connection with the application.
I/We understand that the variation process is a public process which requires the disclosure of certain information by the municipality in connection with this application, and I hereby authorize the municipality and its designated agents or officers to release all information that I/we have provided in connection to this application.
I/We undertake to indemnify and save harmless the Municipality of Two Borders all losses, costs, charges or damages caused by or arising out of anything done pursuant of this application.

Owner's Signature: _____ Date: _____
Applicant's/Owner's Signature: _____ Date: _____

Section 2 – OFFICE USE ONLY

Zoning By-law Requirements: Zone: _____
Conditional Use: Yes: No:
Minimum Site Area (acres): _____ Minimum Site Width (ft.): _____
Minimum required (yards): Front: _____ (FT/M) Side: _____ (FT/M) Rear: _____ (FT/M)
Other requirements: _____

Application Fee: \$ _____ Date Completed Application Received: _____
Receipt #: _____ File No. _____