

Encroachment Application

By-law No. 027-2017

Township of Wainfleet
31940 Highway #3
Wainfleet, ON L0S 1V0
Tel: 905-899-3463 Fax: 905-899-2340



Type of Application:

Minor Encroachment (Consent Letter)

Major Encroachment (Encroachment Agreement)

SECTION 1 – APPLICANT INFORMATION

Name:

Mailing Address (Street address, unit number, city and postal code)

Phone Number

Email Address

Applicant's Interest:

Owner

Prospective Owner

Lessee

Agent

SECTION 2 – PROPERTY INFORMATION

Municipal Address (Street number & name of street)

Legal Description (Lot, concession, registered plan, etc.)

Location of the Encroachment (provide photographs/drawings of where the encroachment is located)

Description of the Encroachment (provide written description of the encroachment including dimensions)

Type of Property

Agricultural

Commercial

Industrial

Institutional

Residential

Other: _____

SECTION 3 – INSURANCE

The encroachment policy requires that the applicant provide and maintain a liability insurance policy for the encroachment in the amount of \$1 million, naming the Township of Wainfleet as third party insured. A copy of the insurance policy is to be included with the application and the application shall provide proof of the insurance policy to the Township of Wainfleet on an annual basis.

Name of Insurance Provider

Policy Number

Policy Expiry Date

SECTION 4 – AFFIDAVIT OF APPLICANT

The declaration below must be signed in the presence of a Commissioner for Taking Affidavits. This may be done when presenting your application at the Township office. Please make sure to bring your photo I.D. with a signature.

Please Note: if the applicant is a Corporation, the application must be signed by an officer of the Corporation and the Corporation’s seal (if any) should be affixed or the words “I have the authority to bind the Corporation” may be printed under the signing officer’s name instead of affixing the Corporate seal.

I/We, _____ of the City/Town/Township of _____

in the County/Region of _____ do solemnly declare that all statements contained in this application are true and I/We make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and virtue of the Canada Evidence Act.

SWORN before me at the City/Town/Township of _____)
 _____ in the _____)
 County/Region of _____)
 this _____ day of _____ 20 _____)

 Signature of Applicant

 Signature of Applicant

 A Commissioner etc.

For Office Use Only

Date Received:	Received By:
Application Deemed Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Deemed Complete:
Roll Number:	File No.:
Approval Date:	Recorded in Insurance Calendar? Yes <input type="checkbox"/> No