

PUBLIC WORKS and ENGINEERING DEPARTMENT

ENGINEERING SERVICES DIVISION

808 2ND Avenue East OWEN SOUND ON N4K 2H4 (519)376-4440 FAX (519)371-0511

ENGINEERING REVIEW APPLICATION

Please complete all applicable sections of this form. A legal survey of the property, design drawings and reports signed and sealed by a Professional Engineer licensed to practice in the Province of Ontario may be required as part of a complete application. Four (4) copies of relevant drawings are required with the application.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Application Type (Check One)		
Residential (1-4) units Residential (5 or more Units or Site Plan App) Plan of Subdivisi		e Plan App) 🔲 Plan of Subdivision
☐ Official Plan Amendment ☐ Zoning By-Law Amendment ☐ Minor Variance ☐ Consent to Sever		
Property Information		
Street No. Street I Municipal Address:	Name:	Unit No.
Registered Plan Number:		Lot Numbers:
Roll Number:		
Owner Information		
PROPERTY OWNER INFORMATION (Check on	e) Person(s)	Compan∏
Surname: First Name: Registered Land Owner:		
(if Company) Name:		Company Officer:
Surname: Application Contact:	First Name:	Position:
	reet name:	Postal Code:
No.: Telephone: ()	Fax:	email:
Engineering Consultant		
Firm: Surname:	First Name:	Position:
Application Contact: Street No.:	Street name:	Unit Number
Address:		
Municipality:	Province:	Postal C ode:
No.: Telephone: ()	Fax:	email:
Applicant Information		
Designate to which all correspondence will be se	ent: Owner	☐ Engineering Consultant
Application Submitted by (Please print):		Title:
The applicant acknowledges and agrees to depos	it with the City the total e	stimated fee of: \$
Signature:	Date:	(refer to back of form)
	OFFICE USE ONLY	
Date Received: Fee Re	eceived:	Fee Required:
Application Complete: Yes Receipt #:		
Date Application Approved: Approved by:		