



Application No.:

Date of Application:		Inspection Date:		Application Review Date:	
Roll Number:					
Owner(s) of Property:	Name			Phone Number	
	Address			Email	
Applicant :	Name			Phone Number	
Location of Property:	Address				
	Legal Description			Township	

PROPERTY DESCRIPTION

	Retained Lot	Severed		
		Parcel 1	Parcel 2	Parcel 3
Area (Acres/Hectares):				
Dimensions:				
Proposed Use:				
Existing Development:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Septic <input type="checkbox"/> Well	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Septic <input type="checkbox"/> Well	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Septic <input type="checkbox"/> Well	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Septic <input type="checkbox"/> Well
Comments:				
Topography:	<input type="checkbox"/> Flat <input type="checkbox"/> Rolling <input type="checkbox"/> Hilly	<input type="checkbox"/> Flat <input type="checkbox"/> Rolling <input type="checkbox"/> Hilly	<input type="checkbox"/> Flat <input type="checkbox"/> Rolling <input type="checkbox"/> Hilly	<input type="checkbox"/> Flat <input type="checkbox"/> Rolling <input type="checkbox"/> Hilly
Vegetation: Tree type, density, etc.				
Waterfront?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Recommendations:

- Site visit conducted
- No Objections
- No Objections; Conditional Approval _____
- Easement
- Refused
- See Attached

INSPECTOR SIGNATURE _____ DATE _____

COMMENTS

