



THE CORPORATION OF THE TOWNSHIP OF CENTRE WELLINGTON

HOLDING ZONE REMOVAL APPLICATION FORM

DATE: _____ **APPLICATION #** _____ **FEE \$** _____

The undersigned hereby requests the Township of Centre Wellington to consider the removal of a holding zone provision pursuant to Section 36 of the Planning Act, R.S.O. 1990.

1. **OWNER** (As shown on registered deed)

Name: _____

Address: _____

Telephone No: _____

2. **APPLICANT/AGENT**

Name: _____

Address: _____

Telephone No: _____

3. **IDENTIFICATION OF AFFECTED PROPERTY**

Municipal Address: _____

Legal Description: _____

Assessment Roll: _____

4. **LIST USES TO BE PERMITTED ON REMOVAL OF HOLDING ZONE**

5. **REASONS WHY IT IS APPROPRIATE TO REMOVE HOLDING ZONE**

Owner/Authorized Agent Signature

Clerk, Township of Centre Wellington



AUTHORIZATION (if required)

I/We _____, the registered

Owners of _____
(Municipal Address and/or legal Description)

hereby authorize _____

to act as agent for the Holding Zone Removal By-law application which deals with the above noted lands.

Owner's Signature

Dated this _____ day of _____