



ZONING COMPLIANCE REQUEST LETTER

Date of Application: _____

Property Information:

Name of Applicant _____

Name of Property Owner: _____

Legal Description of property
ie.: lot, concession _____

Civic Address: _____

Information Requested:

- Zoning By-Law # Permitted Use Open Permits

Please provide written confirmation that the above-referenced property permits:

Payment in the amount of \$100.00 is required prior to the completion of the letter. Payment may be made in the form of a cheque payable to the Township of Stone Mills, Debit or cash.

Contact Information:

Name- Please Print _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Signature: _____

If applicable, please attach a copy of the plot plan or survey for the property in question.

Please be advised that certain information may not be available in compliance with Municipal Freedom of Information and Protection of Privacy Act.

The Township of Stone Mills
4504 County Road 4, Centreville, Ontario, K0K 1N0
Tel.: (613)378-2475 Fax: (613)378-0033