



# Corporation of the Township of Zorra

## Application for Exemption to Fence By-law # 38-01

### For use by Township

Application number:	
Date received:	Roll number:

<b>A. Applicant</b>				
Applicant is:		<input type="checkbox"/> Owner or	<input type="checkbox"/> Authorized agent of owner	
Last name	First name	Corporation or partnership		
Street address			Unit number	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax	Cell number		

<b>B. Fence Information</b>		
Is the fence located on a property where an active building permit is in place? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, permit #		
Fence location: (Example: east side, rear yard, etc)		
Type of fence: (Example: wood, chain link, rod iron, masonry, etc.)		
Reason for request: (Examples: privacy, security, safety, aesthetics.)		
Section of By-law requiring the exemption:		
Dimensions of fence: Height:	Measurement from house to fence:	Measurement from property line to fence:
Sketch or Aerial Photo included? <input type="checkbox"/> YES <input type="checkbox"/> NO		

<b>C. Declaration of applicant</b>	
I _____ certify that:	
(print name)	
<ol style="list-style-type: none"> <li>1. The information contained in this application, attached plans and specifications, and other attached documentation is true to the best of my knowledge.</li> <li>2. I have authority to bind the corporation or partnership (if applicable).</li> </ol>	
_____	_____
Date	Signature of applicant(s)

**Please include a sketch or aerial photo with completed application form.**

The personal information, as defined by the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, is collected under the authority of the Municipal Act, 2001 and in accordance with the provisions of MFIPPA. Personal information on this form will be used for the purpose of evaluating the request and information may be included on a public Council agenda. If you have any questions regarding this collection, use, and disclosure of information, contact the Township of Zorra Municipal Clerk 519-485-2490 or clerk@zorra.on.ca