



Application for an Encroachment  
Appendix 'B'

**A. Applicant Information**

Name of Owner(s): \_\_\_\_\_ Phone (Res): \_\_\_\_\_

Address: \_\_\_\_\_ Business: \_\_\_\_\_

City/Town: \_\_\_\_\_ E-mail: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**B. Location/Legal Description of Property**

Geographic Township: \_\_\_\_\_

911 Number and Name of Street/Road/Fire Route: \_\_\_\_\_

Concession Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Reg. Plan Number: \_\_\_\_\_ Lots(s) Blocks (s): \_\_\_\_\_

Ref. Plan Number: \_\_\_\_\_ Part Number: \_\_\_\_\_

PIN Number: \_\_\_\_\_

**C. Property Information**

Present use of the subject lands: \_\_\_\_\_

**D. Encroachment Information**

1. Municipal Road/Property encroaching upon: \_\_\_\_\_

2. Describe any existing buildings and structures that are encroaching on to municipal property: \_\_\_\_\_

3. Dimensions of encroachment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. History and estimated length of time of encroachment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. Freedom of Information**

For the purposes of the Municipal Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body any information that is collected under the authority of the Municipal Act for the purposes of processing this application.

\_\_\_\_\_  
Signature of Owner/Applicant/Agent

\_\_\_\_\_  
Date

**Return this completed form with the application fee (cash, cheque, money order or debit) payable to the Municipality of Trent Lakes, to the attention of:**

Municipality of Trent Lakes  
Attention: Clerk  
760 County Road 36  
Trent Lakes ON K0M 1A0