

REQUEST FOR MAILING CIRCULATION

Please Note: 48 hours written notice for completion of mail lists is required.

Applicant/Agent Name:	
Applicant/Agent Company:	
Applicant/Agent Mailing Address:	
Applicant/Agent Phone Number:	
Applicant/Agent Email Address:	

Subject Property Owner Name:	
Subject Property Address:	
Subject Property Roll Number:	

Type of Application Requesting:

Lot Line Adjustment (60n	n) (Provide Info fo	r Both Properties) 🗌 Severance (60m)
Minor Variance (60m)		Official Plan Amendment (120m)
Zoning Bylaw Amendmer	nt (120m)	Other (Specify Distance)
Sketch Included: Yes	🗌 No	

Date Received by Municipality:	
Date Issued:	

The accuracy of this circulation list is only valid for 30 business days from date of issue.

Fee: \$55.00 per hour/employee (Includes HST) – 1 hour minimum (January 2025)

Mail to: Township of Wellington North, PO Box 125, Kenilworth, ON, N0G 2E0 **Email to:** tpringle@wellington-north.com