



The Corporation of the Town of Perth
Perth, Ontario K7H 1H9
Phone: (613) 267-3311
Fax: (613) 267-5635

Site Alteration Permit

Owner Applicant Information
Property Owner: (Check One) <input type="checkbox"/> Person(s) <input type="checkbox"/> Company
Registered Land Owner: Surname: _____ First Name: _____ Company Name: _____ Company Officer: _____ Address: _____
Application Contact Information: Surname: _____ First Name: _____ Position: _____ Telephone: _____ Cell: _____ Fax: _____ Email: _____ Contact Person's Address: _____ _____
Property Information
Address: _____ Registered Plan No: _____ Lot/Block Number: _____ Roll Number: _____ Conc. & Lot Number: _____ Site Area: _____
Describe Proposed Work Briefly

Consultant Information

Company Name: _____
Contact Person: Surname: _____ First Name: _____
Position: _____
Address: _____
Telephone: _____ Fax: _____
Legal Name for Use with Agreements: _____

Contractor Information

Company Name: _____
Contact Person: Surname: _____ First Name: _____
Position: _____
Address: _____
Telephone: _____ Fax: _____
Email: _____
Legal Name for Use with Agreements: _____

Owner's Authorization (if an agent is used)

The owner must complete this section. For more than one owner, a separate authorization form for each individual or corporation is required. Attach an additional page or pages in the same format as this authorization, if necessary.

I, _____ being the registered owner of the subject lands, hereby authorize _____ (print agents name) to submit the above application to the Town of Perth for approval thereof.

Signature: _____ Date: _____
Name of Signatory: _____ Title: _____

Applicant's Certification

THE APPLICANT certifies to have read the Site Alteration By-Law and Schedules and agrees to abide by all conditions therein.

I, hereby make the above application for Site Alteration, declaring that all information contained herein is true and correct, and acknowledging the Town or Perth will process the application based on the information provided.

Signature: _____ Date: _____