

**TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS
 PLANNING AND BUILDING DEPARTMENT
 312 LYNDHURST ROAD, P.O. BOX 160
 LYNDHURST, ONTARIO K0E 1N0
 Telephone: 613-928-2423 Fax: 613-928-3116**

SITE PLAN CONTROL APPLICATION

SECTION "A": to be completed by the Planning Department

Date Received:	By:	Date Complete:	File No.:
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SECTION "B": to be completed by the Applicant.

Project Title:		
Name of Property Owner:		
Address:		
Telephone No.	Postal Code:	
Fax No.	E-mail	
Name of Applicant:		
Address:		
Telephone No.	Postal Code:	
Fax No.	E-mail	
Site Location:		
Legal Description:		
Type of Development:		
Current Zoning of Site:		
Total Area of Site:	Total Area of Building(s)	% of Site Covered by Building(s)
Paved Area:	Parking Spaces:	Loading Spaces:
Landscaped Area:	No. of Storeys:	Height of Buildings:
Type of Use by Storey:		
Method of Snow Removal:		
Method of Garbage Removal:		
Other Special Facilities Provided:		
<p>Certification of Completeness of Site Plan Control Application: This is to certify that this application for Site Plan Control Approval provides all of the information required by the Township of Leeds and the Thousand Islands, and is in conformity with the provisions of the Zoning By-law. It is understood that in the event that any further information is required by the Township of Leeds and the Thousand Islands for consideration of the application, and where I/we are so advised by the Township, the approval process shall be suspended until such required information is provided.</p>		
Signatures: Owner _____		Date _____
Applicant _____		Date _____