

TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS

APPLICATION FOR ROAD CLOSURE AND/OR SALE

Applicant: Name: Bill Martin

Mailing Address:

Location of Owners Lands: Lot: Part lot 6

Concession: 6

Township: Leeds & Thousand Islands

R.P. Plan: _____

Agent: _____

Location and description of lands to be closed/conveyed (attach map and additional pages as necessary):

Road allowance along
north side of property, roll #
08-12-816-010-01402-0000

Abutting Land Owners: (1)
(Use Additional Pages
If Necessary)

(2)

Request for: (Check Applicable)

- (1) Closure: ☒
(2) Sale: ☒
(3) Other: _____

Application Fee Enclosed (~~\$600.00~~): \$750.00

Cost Agreement:

The applicant hereby covenants and agrees to pay the fair market value of the road allowance lands affected as determined by a real estate appraiser and approved by Council. The costs of the appraisal is the responsibility of the applicant.

The applicant hereby covenants and agrees to bear all costs related to the closure and/or sale of the above described road allowance including all related legal, surveying and administrative costs whether or not the aforesaid road closure and/or sale is finally approved and completed.

740.00

The Applicant shall deposit with the Township a sum of \$600.00 on account of such fees and disbursements. The Applicant shall upon receipt of a written demand from the Township pay to township or its nominees any amount due above and beyond the aforesaid deposit within 30 days.

All surveys and plans that may be required or necessary for the purposes of this road closure shall be the sole responsibility of the applicant and shall be undertaken and submitted to the Township prior to giving of notice of the intent to stop us, close and sell the subject road.

When the proposal has been reviewed and completed, or rejected or stopped and all accounts related thereto have been rendered, the Township shall refund to the Applicant the remainder of the deposit, if any.

Witness:

Signed: _____

(Owner or Agent)

Signed: _____

(Owner or Agent)

Date: _____

Office Use:

Date Received: _____ Fee Deposited: _____



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