

Request to Tie/Consolidate Lots Application

Land Owner In	<u>formation</u>						
Name:			Name:	Name:			
Mailing Address: City/Town: Postal Code: Phone Number:			Mailing Addr	Mailing Address: City/Town: Postal Code:			
			City/Town:				
			Postal Code:				
			Phone Number:				
Email:			Email:				
Request ☐ Tie lots ☐ Consoli	idate lots						
Property Inform	<u>mation</u> Civic Address:						
	Legal Address:	Lot:	Block:	Plan:			
Property #2	Civic Address:						
	Legal Address:	Lot:	Block:	Plan:			
Request to Cou Please provide	reason for request	: Attach addition	onal sheets if needed				
Registered Ow	ered landowners over Signature:	of the above p	properties do hereby i	request the lands Date	:	ated.	
_	an attached						
Office Use: Date Applicati	ion Received:				☐ Approved	☐ Denied	



Request to Tie/Consolidate Application-Site Plan

Required Information: ☐ Lot Dimensions ☐ Show existing buildings ☐ Label buildings (ie: house, shed, etc.) ☐ Provide dimensions of buildings ☐ Provide distance of buildings to property lines	
Civic Address:	Civic Address: