



THE CORPORATION OF THE TOWNSHIP OF MUSKOKA LAKES

1 BAILEY STREET, P.O. BOX 129, PORT CARLING, ON P0B 1J0

**Application for Telecommunication Tower
Municipal Support Resolution**

FOR OFFICE USE ONLY:

APPLICATION #:	_____	ROLL #:	_____	DATE:	_____
RECEIPT #:	_____	CIVIC (911) ADDRESS:	_____		
Schedule #:	_____	Assessment Map #:	_____		

1. REGISTERED OWNER(S)

Name _____
 Address _____
 Telephone _____ Fax / Email _____

2. PERSON / COMPANY PERFORMING WORK

Name _____
 Address _____
 Telephone _____ Fax / Email _____

Please specify to whom all correspondence should be sent : Owner Person/Co.

3. LEGAL DESCRIPTION OF PROPERTY

Geographic or Former Township _____
 Lot Number _____ Concession _____
 Registered Plan Number (if any) _____ Lot Number _____
 Reference Plan Number (if any) _____ Part Number _____
 Civic / 911 Address _____

4. LAND USE

Existing _____
 Proposed _____

5. PROPERTY CHARACTERISTICS

Water Frontage _____ Road Frontage _____
 Lot Area _____ Average Depth _____

6. DESCRIPTION OF PROPOSAL (with attached inventory map showing property boundaries, project location, size, access, and tower height)

Date

Owner's/Person (Co.) Signature

FEE:	Tower 30 metres in height or less	\$750.00
	Tower greater than 30 metres in height	\$1,500.00