

Form: Public Works 09-2023

THE CORPORATION OF THE TOWNSHIP OF ADJALA-TOSORONTIO

7855 Sideroad 30 Adjala, Alliston, Ontario. L9R 1V1 Telephone: 705-434-5055 Fax: 705-434-5051

APPLICATION FOR FILL PERMIT					
Application #:	Submiss		sion Date:		
		Receip	t #:		
CITE LOOATION		-			
SITE LOCATION Municipal Address:					
Lot: Con:		Pla	n·	Part:	
201.		l la	11.	T drt.	
OWNER INFORMATION					
Name:			Daytime Phone	Daytime Phone #:	
Address:			Evening Phone #:		
City:			Cell #:		
Postal Code:	Email:				
APPLICANT INFORMATION (if different from Owner) MUST have written authorization from owner					
Name:			Daytime Phone #:		
Company:			Evening Phone #:		
Address:			Fax #:		
City:			Cell #:		
Postal Code:	Email:				
Purpose					
Application is to: Place or Dump Fill Alter Grade of Land Remove Fill					
Volume of Fill Requested:					
Amount of Fill per day:					
What days of the week would hauling occur:					
What hours of the day would hauling occur:					
Start Date: End			d Date:		
Description of proposed work:					



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Cell #:				
Plans clearly depict existing and proposed grades, drainage patterns, trees, utilities, buildings, watercourses, easements, soil erosion control measures and location, proposed ground cover				
ater table,				
Agricultural Justification Reports if for Agricultural Lands provided if applicable				
Documentation of notification of the project and schedule to adjacent property owners and those along haul routes provided				
Understanding of Prescribed Fees, Security Deposit and Road Maintenance Security				
I am the Owner of this Site, or I have provided a letter specifically authorizing the Applicant to apply for a Fill Permit.				
I have read Fill By-Law 14-08 and agree to comply with it				
The information in this application and the supporting documents are complete and accurate				
I authorize the Township to enter the site at any reasonable time to determine compliance with the Fill By-Law				
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