



Application for Lot Consolidation

Applicant/Name of Property Owner: _____

Mailing Address: _____

Civic Address: _____

Contact Phone No. _____

Legal Land Description: Lot____ Blk____ Plan_____

Subdivision: _____

Zoning District R1 __ R2 __ R2 __ R3 __ RA __ RA1 __ C1 __ CS __ CON __ IL __

Note the following Documents that may be required to be attached with submission for Lot Consolidation: please mark off documents attached that pertain to your submission.

Roadway Access: Yes____, No____

Servicing Agreement: Yes____, No____

Parcel Pictures: Yes____, No____

Existing and Proposed Land Use Information and Roadway Access Information:

Restrictions or Registrations against Titles of all lots to be consolidated if any, please describe:

Reason for application:

Applicants Signature: _____

Date: _____