



**DEPARTMENT OF TRANSPORTATION
AND PLANNING SERVICES**

26 Pitt Street, Suite 223, Cornwall, Ontario K6J 3P2

Tel: 613-932-1515 • Fax: 613-936-2913 • Email info@sdgcounties.ca • www.sdgcounties.ca

REQUEST FOR PRE-SEVERANCE COMMENTS

Review fee of \$180.00 applies. Please complete attached payment form.

| | | |
|-----------------|--|------------------|
| Applicant Name: | | Date : |
| Address: | | |
| | | |
| Home Phone: | | Bus./Cell Phone: |
| Email: | | |

DESCRIPTION OF LOT INTENDED TO BE SEVERED

| | | | |
|---------------------------------------|------|----------------------|-----------|
| County Road: | Lot: | Concession: | Frontage: |
| Township: | | Geographic Township: | |
| Existing Use: | | Proposed Use: | |
| Civic Address of Lot (if applicable): | | | |

REQUIRED SKETCH

To ensure proper processing, please attach a sketch showing the following:

- Geographic Township, County Rd. #, Lot, and Concession.
- Include an indicator showing north.
- Boundaries and dimensions of the subject land.
(subject land means the part that is to be severed and the part that is to be retained)
- Boundaries and dimensions of any land abutting the subject land that is owned by the owner of the subject land.
- The nearest roads/intersections on either side of the parcel of land.
- Other features close to the subject land ie. bridges, rivers, streams, municipal drains.

Notes:

County Roads comments are made in conjunction with the County Official Plan.

A review of the application will be conducted and a response returned in approximately 3 to 4 weeks.

Pre-Severance comments are valid for a period of 6 months only.



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**PLEASE INCLUDE AND SUBMIT WITH COMPLETED APPLICATION
VEUILLEZ INCLURE ET SOUMETTRE AVEC VOTRE DEMANDE COMPLÉTÉE**

Company/Entreprise (if/si applicable) : _____

Name/Nom: _____

Permit Requested/Permis exigé: _____

Visa

MasterCard

Amex

Card Number:

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Numéro de la carte:

Expiry/Date d'échéance:

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Security Code/Code de sécurité:

(3 digits on back of card)

(3 chiffres à l'envers de la carte)

Amount/Montant:

Cardholder Name:

Nom du (de la) détenteur (détentrice) de la carte: _____

Cardholder Signature:

Signature du (de la) détenteur (détentrice) de la carte: _____

Telephone/Téléphone:

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Note: Amount to be paid is noted on application form

Le montant à payer est noté sur le formulaire de demande