



TRANSPORTATION SERVICES

26 Pitt Street, Suite 223, Cornwall, Ontario K6J 3P2
 Tel :613-932-1515 ■ www.sdgcounties.ca

Return completed form to: roadaccounts@sdgcounties.ca

REQUEST FOR PRE-SEVERANCE COMMENTS

Review fee of \$185.00 applies. Please complete attached payment form.

Applicant Name:		Date:	
Address:			
Home Phone:		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
<p>To ensure proper processing, please attach a sketch showing the following:</p> <ul style="list-style-type: none"> • 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.



TRANSPORTATION SERVICES

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

Tel: 613-932-1515 • roadaccounts@sdgcounties.ca • www.sdgcounties.ca

**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:

Numéro de la Carte:

Expiry/Date d'échéance: / 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: - -

Note: Amount to be paid is noted on application form
Le montant à payer est noté sur le formulaire de demande