



Request to Repeal Designation By-law

Applicant Information

Ownership Information		
Owner(s):		
Address:	Municipality:	
Phone:	E-Mail:	Postal Code:
Agent/Applicant *** If different from above***		
Name:		
Address:	Municipality:	
Phone:	E-Mail:	Postal Code:
Send correspondence to the following: (Please specify)		
Owner: <input type="checkbox"/>	Agent/Applicant: <input type="checkbox"/>	Other: _____

Property Information

Owner and Address of Property		
Owner(s):		
Address:	Municipality:	
Phone:	E-Mail:	Postal Code:
Date Structure Constructed:		

Details on the Request

Explanation & Rationale	
<input type="checkbox"/> Partial Repeal of By-law	<input type="checkbox"/> Repeal Entire By-law

Supplementary Information

- Site Plan
- Photographs
- Heritage Impact Assessment and/or Cultural Heritage Evaluation Report

Authorization for Agent/Solicitor to Act for Owner

If affidavit is signed by an Agent/Solicitor on Owner's behalf, and/or the Agent will act on behalf of the Owner with regards to this application, the Owner's written authorization below <u>must</u> be completed.	
I (we) _____, of the Town of Erin, County of Wellington do hereby authorize _____ to act as my agent in this application.	
Signature of Owner(s)	Date