

ROAD ALLOWANCE / ALLEY CLOSURE APPLICATION FORM

Applicant's Name: KEVIN DALEY
Address: 315B ASCROFEN AVENUE
Agent's Name:
Address:
Telephone Number:Email address:
Description of Proposed Closure Area:
From: PORTUNOF ACLEY WAS BOUND BY ASOLDEN MOUN DAN
To: My undermount
Please indicate in the space below your comments or reasons why you are applying for this closure:
FRONTHERE REQUIRED FOR BUILDING PERMIT AND
MINON VARIUENCE APPLICATION. 1 WILL FRONDS
EASEMENT ACREOMENTS FOR BLOTET OF WAY,
Please enclose your Formal Consultation Fee of \$1,061.21, payable to the City of Hamilton, with this application. Should staff recommend the application proceed to Committee and Council, the \$1,061.21 fee will be applied to the total fee of \$4634.00.
For further information regarding this application, please contact the Public Works Department at (905) 546-2424 ext. 5803 or highwayclosures@hamilton.ca

Revised January 2016