

APPLICATION TO CREATE A STREET NAME OR CREATE STREET NAMES & MUNICIPAL ADDRESS NUMBERS WITHIN PLANS OF SUBDIVISION/CONDOMINIUM

INSTRUCTIONS

Verify that you are using the most current application form.

The applicant or agent is responsible for the inclusion of all required documents/maps and ensuring that all appropriate sections of the attached application form are completed and all documents/maps are included prior to submission to the Planning Division. Provide the company and/or contact name of the applicant, agent and registered owner if applicable.

An up-to-date and clearly legible map, Plan of Survey, 12R Plan or 12M Plan is required to be submitted (8½ x 11 or 14 inch reduction) delineating the road segment to be named or renamed.

File the completed application, any supporting documentation and the fee with Planning & Building Services, 350 City Hall Square West, Suite 210, Windsor, ON N9A 7K6.

Staff will review the application and will return it if it is incomplete and/or required documents are not submitted. Administration reserves the right to request additional information.

Applications will be terminated after 90 days of inactivity.

FEES

Fees are subject to change. Verify fees before submitting the application. Fees are not refundable once the application has been accepted for processing.

Accepted methods of payment: MasterCard, Visa, Cash, Debit, Certified Cheque and Personal Cheque.
Make the cheque payable to The Corporation of the City of Windsor.

Creation of Street Name(s) & Municipal Address Numbers in Plans of Subdivision /Condominium - \$965.00

CONTACT INFORMATION

Planning and Building Services
Suite 210
350 City Hall Square West
Windsor ON N9A 7K6

Telephone: 519-255-6543
Fax: 519-255-6544
Email: planningdept@citywindsor.ca
Web Site: www.citywindsor.ca

1. TYPE OF APPLICATION

- Create New Street Name(s) and Address Numbers in a Plan of Subdivision or Condominium
- Create New Street Name Only

2. GENERAL INFORMATION

General Location: _____

Plan Number and Lot or Block Numbers: _____

Reference Plan (12R) or M-Plan (12M) Plan Available: No Yes – Not Attached Yes - Attached

3. PROPOSED STREET NAMES: See Attached List of Names:

4. APPLICANT INFORMATION

Name: _____ Contact: _____
Name of Contact Person

Address: _____

Address: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

I, _____ declare that the information contained in this application form and any attached documents are accurate.

I further understand that receipt of this application by Planning and Building Services does not guarantee it to be a complete application. Further review of the application will occur and I will be contacted to provide additional information and/or resolve any discrepancies or issues with the application as submitted.

I further understand that pursuant to the provisions of the Planning Act and the Municipal Freedom of Information and Protection of Privacy Act, this application and all material and information provided with this application are made available to the public.

Signature of Applicant

Date

DO NOT COMPLETE BELOW – STAFF USE ONLY

FILE PROCESSING

Fee Paid: \$ _____ Receipt No: _____ Date: _____

File No: _____ Received By: _____ Assigned To: _____

Related File Numbers: _____

Comments: _____

PROPOSED STREET NAMES AND/OR NUMBERS

Denied Approved Approved & Final Notification on HOLD

As per Attached List of Street Names

As Per Attached List of Street Names and Address Numbers

As Per Attached Marked-up Plan

Assigned Street Names: _____

FORWARDED TO

Fire & Rescue Services

Emergency Communications Co-ordinator: Date: _____ Accepted: Yes No

Infrastructure & Geomatics

GIS Supervisor: Date: _____

Taxation & Financial Projects

Assessment Data Analyst: Date: _____

THIS IS THE LAST PAGE OF THE APPLICATION FORM