

Application for Encroachment on Municipal Property

When an existing building or structure encroaches onto municipal property or a property owner wishes to construct a fence or other structure that intends to encroach onto municipal property, the City will exercise its right to require an encroachment agreement if the City intends to allow the encroachment to remain under certain terms and conditions.

This Application is [check one]	□ To construct a new e□ To permit an existing□ To change an existin□ To remove an existin	g encroachment g encroachment
Name of Applicant		
Name of Property Owner		
[as shown on Property Identifier from Registry Office]		
Property Address		
Assessment Roll #		
Mailing Address		
[if different from property address]		
City and Province		Postal Code
Telephone Number		
Email Address		
Describe the type of encroachment		
[examples: existing steps, building façade, retaining wall, sign, fence, awning, balcony]		
How long has the encroachment existed?		
Can the encroachment be removed or relocated?		
If this is an existing encroachment, is there an agreement with the City?	□ Yes □ No □ Date	te of Agreement:

change	is requesting a to an existing chment, identify the			
This Application <u>must</u> be accompanied by:				
	Application Fee made payable by cash, debit, credit or cheque payable to the "City of Stratford";			
	4 legal size paper prints of a legal survey <u>OR</u> 4 legal size paper prints of a Sketch to Illustrate Encroachment signed by an Ontario Land Surveyor showing the whole property and the area of encroachment with full dimensions;			
	Copy of the PIN (Property Identifier Number) printout for the property which will benefit from the encroachment, showing last transfer, including full legal description of the property and address of the owner. A copy of the printout can be obtained from the Registry Office/Land Titles Office;			
	Certificate of Insurance on the City of Stratford insurance form - to be submitted at the time the encroachment agreement is signed.			
The complete application, documents and fee are to be provided to the City Clerk's Office, Ground Floor of City Hall, 1 Wellington Street, Stratford.				
	SIGNATURE OF APPLICANT			
the I ag I ha	circumstances connected gree to conform to the re eve read the Encroachme	d with same.		
Sigr	nature		Date	

Notice of Collection

Personal information collected on this form is collected under the authority of the *Municipal Act, 2001* and will be used by City staff for the purpose of processing the application and for administrative purposes. Questions about the collection and use of this information may be made to the City Clerk, P.O. Box 818, Stratford, N5A 6W1 or by telephone (519) 271-0250, ext. 235.

If you require this form in an alternate format, contact the Clerk's office at 519-271-0250 ext. 237 or TTY 519-271-5241.