



For Office Use Only

Fee + HST Enclosed (Standard): \$863.79 Yes No
 Annual Fee to be applied to Property Taxes: \$86.28 HST inc.
 Date Application Received: _____

CITY OF HAMILTON
APPLICATION FOR DEVELOPMENT ENCROACHMENT AGREEMENT
 PUBLIC WORKS | ENGINEERING SERVICES | GEOMATICS & CORRIDOR MANAGEMENT

The following application items must be submitted along with your **fully completed application form**:

- ✓ Drawing/Plan showing all existing and proposed encroaching features with measurements
- ✓ Drawing/Plan must identify the property line (in red) and encroaching features labelled and highlighted
- ✓ Drawing/Plan must identify all proposed road widenings and daylight triangles (include deposited plan)
- ✓ Encroachment Drawing must be prepared by an [Ontario Land Surveyor](#) to ensure boundary accuracy
- ✓ Current Parcel Register (PIN) and Property Index Map (from Solicitor or [Ontario Land Registry Access](#))
- ✓ Corporations: Copy of Corporate Profile Report from the [Ontario Business Registry](#)
- ✓ Copy of any existing encroachment agreements registered on Title to the property
- ✓ Application Fee payable with the application (per City of Hamilton User Fees & Charges By-law)

OWNER INFORMATION			
Legal Name of Property Owner: <i>(as indicated on Title per Parcel Register)</i>			
If a Company,	Name of Authorized:	Title:	
Mailing Address for Service:			
Primary Phone:		Fax Number:	
Email Address:		Application Date:	
If applying on behalf of the Legal Property Owner, please complete AGENT INFORMATION section on Pg 2.			
PROPERTY INFORMATION			
Municipal Address:			
Property Legal Description: <i>(as per Parcel Register)</i>			
Property Identification Number:		Municipal Roll Number:	
Property Type:	<input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other <i>(specify)</i> :		
Contact Name in City Planning or Building Department (if applicable): <i>(for any permits requiring an encroachment agreement as a condition)</i>			

AGENT INFORMATION

(if applying on behalf of the Property Owner)

Agent's Name:			
Company Name:			
Mailing Address:			
Primary Phone:		Alternate Phone:	
Email Address:		Fax Number:	

LAWYER INFORMATION

Lawyer's Name:			
Firm Name:			
Mailing Address:			
Primary Phone:		Alternate Phone:	
Email Address:		Fax Number:	

ENCROACHMENT INFORMATION

Please complete the following chart (only one feature per line)

#	Date Established <i>(if existing)</i>	Encroaching Features <i>(steps, porch, sign, landscaping strip, etc.)</i>	Encroachment Measurements (LxW) <i>(onto Road Allowance)</i>	(m) or (ft)	Materials of Feature <i>(wood, concrete, etc.)</i>	Encroach onto Road (Street Name)
1			X			
2			X			
3			X			
4			X			
5			X			
6			X			
7			X			
8			X			

**** Please attach drawings and/or photos to support the above information ****

Please identify any existing encroachments affecting the subject property for which there are agreements. Indicate the instrument number for the existing agreement, and include a copy of the agreement with the application.

Please describe which alternatives have been considered to avoid the encroachment and why such alternatives have been deemed unreasonable.

ACKNOWLEDGEMENT

I acknowledge and agree that the owner of the property in the event this application is approved, will be required to enter into an Encroachment Agreement with the City and that I will be required to retain a solicitor to complete three (3) original encroachment agreements and register the encroachment agreement against the title to the owner's property, all of which will be at the owner's/applicant's expense.

I further agree and acknowledge that the information contained in this application and any documentation, including agreements, reports, studies and drawings, provided in support of the application, by myself, my agents, consultants and solicitors, constitutes public information and will become part of the public record. As such, and in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56, I hereby consent to allow the City of Hamilton to make this application and its supporting documentation available to the general public, including copying and disclosing the application and its supporting documentation to any third party upon their request.

Signature of Owner/Agent:		Dated:	
Signature of Owner/Agent:		Dated:	

PAYMENT

PAYMENT OPTION: VISA or MASTERCARD

Upon receipt of application, staff will contact you via email to process payment.

Please submit your completed application along with all necessary attachments to the following email:

EncroachmentApplications@hamilton.ca

This form can be signed and submitted electronically when opened in Adobe Acrobat.

Click SEND FORM to automatically compose a new email with this form attached.

SEND FORM

ERASE FORM

If you have any questions or require any assistance in completing this application, please contact our office by email to EncroachmentApplications@hamilton.ca.