



## Haldimand County Civic Address Request Form

(Boxed area below to be completed and presented to Building Inspector  
with application for Building Permits, or to Customer Service  
Representative )

Property Owner's Name:	
Phone Number:	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
Mailing Address:	
Assessment Roll Number:	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">2</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">8</div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">0</div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> </div>
Lot #, Concession # and Geographic Township/Town:	
Registered Plan # and / or Reference Plan # (18R):	

<input type="checkbox"/>	<b>New Civic Address Requested:</b>	
	Your New Civic Address Is:	
<input type="checkbox"/>	<b>Change of Civic Address Requested:</b>	
	Your <u>Old</u> Civic Address Was:	
	Your <u>New</u> Civic Address Is:	
New Address and Sign <input type="checkbox"/> Replacement Sign <input type="checkbox"/> Address # Only required (no sign required) <input type="checkbox"/> Secondary Address <input type="checkbox"/>		
Fee Collected	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	<b>2021 Fee:</b> <span style="border: 1px solid black; padding: 2px;"><b>\$97.00 + 12.61 HST = \$109.61</b></span>

\_\_\_\_\_  
Building Inspector

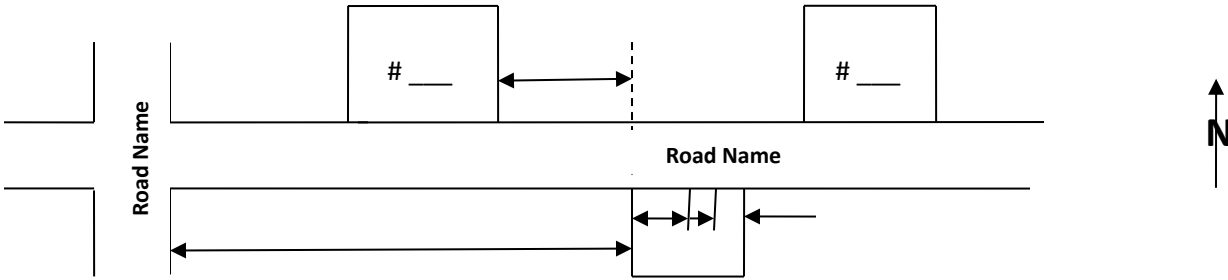
\_\_\_\_\_  
Date

***"I the owner/applicant take full responsibility for the accuracy of the proposed information provided on this form."***

\_\_\_\_\_  
Owner / Applicant signature

\_\_\_\_\_  
Date

## Sample Drawing



*Using the grid space below, please include a to-scale sketch, showing: lot frontage, address of neighbouring properties, road name & location of driveway and buildings on / proposed on the lot.*

A large grid space for a to-scale sketch. The grid is 30 units wide and 30 units high. A north arrow points upwards, labeled 'N'.

Is this application a result of a planning application? YES ☐ NO ☐

If yes, state application number: \_\_\_\_\_

Planning and Development services available at:

53 Thorburn Street South  
CAYUGA, ON N0A 1E0  
905-318-5932 ext. 6220