



The Corporation of the  
**Township of Georgian Bay**  
**LICENCE OF OCCUPATION APPLICATION**

99 Lone Pine Road  
Port Severn, ON L0K 1S0

Phone (705) 538-2337  
E-mail • [clerks@gbtownship.ca](mailto:clerks@gbtownship.ca)  
Web • [www.gbtownship.ca](http://www.gbtownship.ca)

OFFICE USE ONLY			
<b>Date Received:</b>		<b>Application No:</b>	
<b>Received By:</b>		<b>Fees Paid:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**FEE SCHEDULE**

- Licence of Occupation Administration Fee  \$565.00  
Licence of Occupation Annual Renewal Fee  \$282.50  
Temporary Licence of Occupation Administration Fee  \$282.50

1. Applicant:		
Name(s)		DOB (YYYY-MM-DD):
		DOB (YYYY-MM-DD):
Mailing Address		
Telephone No.		
Email Address		
2. Solicitor: (if applicable)		
Name		
Mailing Address		
Telephone No.		
Email Address		
3. Subject Lands:		
Civic Address		
Roll Number		
Legal Description		
Waterbody		
Any open / outstanding Building Permits on the property? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Reason for requesting Licence of Occupation:

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Submission of an application must be complete and shall consist of the following:

1. Applicable application fee.
2. One (1) original application form. Application must be made by the registered owner(s) of the abutting property to the Township-owned lands. Since the Licence of Occupation is not transferable, if sale of the property is pending, the Licence should be issued to the purchaser, not the vendor
3. Site Plan – showing the property to scale with dimensions. The site plan must indicate existing and proposed structures on Township-owned property, setbacks, and must clearly indicate that portion of the Township-owned property for which the Licence of Occupation is to be issued. (*The Municipality may require a survey in some circumstances for accuracy purposes*).

**The Municipality will eventually require a Certificate of Insurance to maintain comprehensive general liability insurance in the minimum amount of \$2,000,000; the Township of Georgian Bay shall be listed as additionally insured.**

**I/we certify that all statements and information provided in this application are true, accurate and current.**

X

Applicant

X

Applicant

Date: \_\_\_\_\_

Date: \_\_\_\_\_