



**PORT COLBORNE**

**Farm Parcel  
Municipal Address Application**

**City of Port Colborne  
Fire & Emergency Services**

3 Killaly Street West  
Port Colborne, Ontario L3K 6H1  
Tel:905-834-4512 Fax:905-835-1020

**Section 1 – Applicant Information**

Name

\_\_\_\_\_

Mailing Address (Street address, unit number, city and postal code)

\_\_\_\_\_

Phone Number

E-mail Address

\_\_\_\_\_

**Section 2 – Property Information**

Assessment Roll Number

Registered Owner

\_\_\_\_\_

Legal Description (Lot, concession, registered plan, etc.)

\_\_\_\_\_

Municipal Road Name

Side of the Municipal Road

\_\_\_\_\_  North  South  East  West

Closest 911 Address

\_\_\_\_\_

Please provide a site plan marking the field entrance for your requested address and any other documents that will help identify the entrance.

**Section 3 – Declaration**

I, \_\_\_\_\_, acknowledge that approval of a farm parcel address request:

1. Is to assist in emergency situations only;
2. Does not permit further use or development of the property without the appropriate approvals;
3. Does not constitute the approval of an entrance from a public highway nor does it deem the access safe for use or that it meets any municipal entrance standards;
4. Does not guarantee that access is adequate for emergency vehicles and where access is not adequate, emergency vehicles may not be able to enter the property;
5. Requires the land owner to maintain and keep the access in good repair and ensure the signage remains visible and is maintained. Should signage be damaged, knocked down or removed the land owner shall contact the Town for replacement/repair of the signage at the land owner's expense.

\_\_\_\_\_

Signature

Date

**For Staff Use Only**

Fee Received:

Receipt No.:

Address Assigned:

Date of Department/Agency Notification:

Staff Signature: