



PORT COLBORNE

Application Form

Request for Relief from Pool By-law

Applicant

1) Name: _____

2) Address: _____

3) Phone #: _____

4) Email: _____

Area in question

Site Plan Attached

Address: _____

Location: *(check all that apply)*

Front Yard

Required Front Yard

Side Yard

Rear Yard

Exterior Side Yard

Corner Lot

Fence Construction: Open

Closed

Fence Height: _____ m

Is the Pool near any overhead wires(bell/hydro)		Is there an easement/swale on the property	
Is there an existing Site Plan Agreement		Is there a fence on the property	

Comments: _____

Applicant Signature _____ **Date:** _____

Office Use Only:

Variance Fee	\$450.00	Zoning	
Paid by:		Date	