

## Shoreline Permit Requirements

### Class 1, Class 2 & Class 3 (Standard) Permit Applications

The following information is required at submission. Complete submissions can be processed within 10-45 business days (+/- staff variation time required) depending on the scope of work.

#### Shoreline Permit Application Package

1. **Completed shoreline permit application** consisting of:
  - Digital Application for a "Shoreline Permit"
  - "Owner's Authorization for Agent or Applicant to Make an Application" (if applicable)
2. **One (1) digital copy or One (1) hard copy** of site plan(s) and all other required plans, reports and specifications drawn to scale which must include:

**Site Plan** showing:

- Property Lines, Setbacks & Dimensions of lot
- Existing and proposed construction and the dimensions of each
- Setbacks to the property lines and any other buildings on the property
- Lot grading plan (if applicable)
- Development Standards Summary
- Location of existing vegetation (ie: trees)

**Please Note:** one (1) site plan can be provided if both existing and proposed work/structures can be made legible. If not, please provide two (2) separate site plans (one for proposed work/structures and the other for existing work and/or structures).

3. **Permit Fee:**

| Permit Type                          | Fee payable to the Town of Innisfil | Fee Payable to LSRCA |
|--------------------------------------|-------------------------------------|----------------------|
| Class 3<br>(standard – meets By-Law) | \$350.00                            | \$300.00*            |
| Class 2<br>(Staff Variation)         | \$950.00.00                         | \$1000.00*           |
| Class 1<br>(Council Variation)       | \$2,350.00                          | \$1,500.00*          |

\*The above permit fees are to be paid when submitting a complete application

\*LSRCA may require additional review fees based on the scope of the proposed work.

**Please Note:** Additional fees may be required and staff time for review is billable to the owner above and beyond the cost of the above noted permit fees. Staff billable rates & fees may vary, please refer to the current Fee Schedule on the Innisfil website for more details.

#### Building Permit Issuance (if required)

1. The applicant will be contacted and informed of any action required in order for the permit to be issued.
2. Permit fees are payable upon issuance.



## SHORELINE PERMIT APPLICATION

The undersigned hereby applies to the Town of Innisfil to consider this Community Planning Permit Application pursuant to Section 34 of the Planning Act, R.S.O. 1990, as amended and O. Reg. 173/16.

| FOR OFFICE USE ONLY   |   |   |
|---|---|---|
| Shoreline Permit #:   |   | Date Received:  |
| LSRCA fees collected: <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | Receipt #:  |
| <input type="checkbox"/> <b>Class 3 (Standard)</b><br>(Conforms to CPPS By-law) | <input type="checkbox"/> <b>Class 2 Permit</b><br>(Staff Variation) | <input type="checkbox"/> <b>Class 1 Permit</b><br>(Council Variation) |

|  |              |
|--|--------------|
| <b>1. LOCATION OF SUBJECT LANDS</b>  |              |
| Municipal Address:   |              |
| Town Lot and Concession Number:  |              |
| Registered Plan and Lot/Block Number:  |              |
| Reference Plan and Part Numbers:   |              |
| <b>2. APPLICANT INFORMATION:</b>   |              |
| Name:  |              |
| Address:   |              |
| City/Town:   | Postal Code: |
| Telephone: (    )  | E-mail:      |
| <b>3. OWNER INFORMATION:</b> <input type="checkbox"/> Same as Applicant  |              |
| Name:  |              |
| Address:   |              |
| City/Town:   | Postal Code: |
| Telephone: (    )  | E-mail:      |
| <b>4. PURPOSE OF APPLICATION:</b>  |              |
| Description of proposed work ( <i>please include a detailed description including any proposed new structures or removal of structures, landscape changes, waterfront impacts, etc.</i> ): |              |
|  |              |

|   |            |           |
|---|------------|-----------|
| <b>5. PROPERTY DIMENSIONS:</b>  |            |           |
| Lot Frontage:   | Lot Depth: | Lot Area: |
| Area of Work (m2):  |            |           |
| <b>6. IS A VARIANCE BEING REQUESTED WITHIN THE PROVISIONS SET OUT IN THE COMMUNITY PLANNING PERMIT BY-LAW?</b>  |            |           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please provide a brief description and rationale for the variance:  |            |           |
| <b>7. ARE YOU PROPOSING TO CONSTRUCT ANY IN-WATER STRUCTURES? (i.e. Boathouse, Permanent Dock, Breakwaters)</b>   |            |           |
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide a brief description of the proposed in-water structures:   |            |           |
| <b>8. ACCESS &amp; SERVICING</b>  |            |           |
| Property Access: <input type="checkbox"/> By a Public Road <input type="checkbox"/> By a Private Road <input type="checkbox"/> Other:   |            |           |
| Property Storm Drainage: <input type="checkbox"/> Sewers <input type="checkbox"/> Ditches <input type="checkbox"/> Swales <input type="checkbox"/> Other:   |            |           |
| Water Service Type: <input type="checkbox"/> Publicly owned <input type="checkbox"/> Privately owned <input type="checkbox"/> Other:  |            |           |
| Sanitary Sewer Service Type: <input type="checkbox"/> Septic System <input type="checkbox"/> Privy <input type="checkbox"/> Other:  |            |           |
| Easements: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please provide a description:  |            |           |
| <b>9. HAS THE LAND EVER BEEN THE SUBJECT OF AN APPLICATION UNDER THE ACT FOR: <input type="checkbox"/> Yes    <input type="checkbox"/> No</b> If yes, please complete the below:  |            |           |
| <i>Check all applicable boxes and provide file number if applicable:</i>  |            |           |
| <input type="checkbox"/> Plan of Subdivision    (File Number: _____ Status: _____)<br><input type="checkbox"/> Zoning Amendment    (File Number: _____ Status: _____)<br><input type="checkbox"/> Site Plan Control        (File Number: _____ Status: _____)<br><input type="checkbox"/> Minor Variance        (File Number: _____ Status: _____)<br><input type="checkbox"/> Consent/Severance    (File Number: _____ Status: _____)<br><input type="checkbox"/> Other: |            |           |
| <b>10. HAVE YOU HAD ANY CONSULTATIONS WITH ANY DEPARTMENTS OR EXTERNAL AGENCIES? <input type="checkbox"/> Yes    <input type="checkbox"/> No</b> If yes, please complete the below:   |            |           |
| <i>Check all applicable boxes and provide file number if applicable:</i>  |            |           |
| <input type="checkbox"/> Town of Innisfil staff<br><input type="checkbox"/> Lake Simcoe Region Conservation Authority (LSRCA)<br><input type="checkbox"/> Ministry of Natural Resources and Forestry<br><input type="checkbox"/> Fisheries and Oceans Canada<br><input type="checkbox"/> Transport Canada   |            |           |

**Check here to agree, if the Agent is not the owner:**

I have been authorized by the registered owner(s) of the subject lands to submit this application on their behalf. Furthermore, for the purpose of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), I authorize and consent to the use by disclosure to any person or public body of any information collected under the Planning Act for the purpose of processing this application.

**Check here to agree:**

I declare that all of the statements made and the information provided in this application, as well as any supporting documents are true. I make this declaration conscientiously believing it to be true and knowing it is of the same force and effect as if made under oath or solemn affirmation. I understand that it is an offence to declare a false statutory declaration under section 134 of the Criminal Code of Canada.

**Check here to agree:**

I declare that all documents, drawings, site plans, reports, information and material provided in this application will become the property of the Town of Innisfil and can be used for any reason deemed necessary by the Town of Innisfil.

**Check here to agree:**

If upon review of your application, Town Staff or Lake Simcoe Region Conservation Authority (LSRCA) requires additional review fees, the Applicant and/or Owner agrees to pay any additional review fees to the Town or LSRCA.

**Check here to agree:**

If, after six months after the issuance of this permit, the proposed work in respect to which it was issued, has not in the opinion of Town of Innisfil staff, been seriously commenced, the Town of Innisfil has the ability to revoke the permit. Also, in the opinion of Town of Innisfil staff, this permit can be revoked if the proposed work has been substantially suspended or discontinued for a period of more than one year.

I declare that I have read and understand the above.

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Print Name

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Signature

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Date

**Owner's Authorization for  
Applicant or Agent to Apply for a  
Permit on behalf of the Owner**



**Town of Innisfil  
Planning Department**  
2101 Innisfil Beach Road,  
INNISFIL, ON L9S 1A1  
Tel : 705-436-3710  
1-888-436-3710  
Fax: 705-436-7120

Date: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Proposed Work: \_\_\_\_\_

Location: \_\_\_\_\_

The undersigned, being the owner(s) of the above referenced property, authorizes

\_\_\_\_\_

Applicant Name

Address

to apply for a permit for the above referenced project on my behalf. I understand that I shall be responsible for the terms of the conditions contained in the permit.

(If owner is an INDIVIDUAL)

|                   |                    |
|-------------------|--------------------|
| _____             | _____              |
| Owner's Name      | Address            |
| _____             | _____              |
| Owner's Signature | Phone No. / E-Mail |

(If owner is a CORPORATION)

|   |                    |
|---|--------------------|
| _____   | _____              |
| Owner's Name  | Address            |
| _____   | _____              |
| Name of Authorizing Officer   | Phone No. / E-Mail |
| _____   |                    |
| Signature of Authorizing Officer (I have authority to bind the Corporation) |                    |