Stouffville

111 Sandiford Drive
Stouffville, Ontario
L4A 0Z8

t: 905-640-1900
tf: 855-642-TOWN
townofws.ca

Development Services

Capacity Availability Review Request (CARR)

Applicant Information

Name: _____

Company/Organization: _____

Address: _____

Phone Number: _____

Email Address: _____

Property Information

Municipal Address: _____

Legal Description (Plan/Lot/Block): _____

Roll Number: _____

TWS Planning Application File No.: _____

Property Owner's Name: _____

Is the applicant the property owner? ☐ Yes ☐ No (If no, attach Owner Authorization)

Servicing Details

Type of Servicing Requested (check all that apply):

☐ Water ☐ Sanitary Sewer

☐ Storm Sewer ☐ Other:

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Proposal

Proposed Number of Units (Total): _____

Single Detached Dwellings: _____

Town House Dwellings: _____

Apartment/Stacked Townhouse Dwellings: _____

Seniors Apartment Dwelling: _____

Other: _____

Description of proposed development:

_____

_____

_____

Justification for timing of request:

_____

_____

_____

_____

_____

Supporting Documentation (attach as applicable)

☐ Site Plan / Sketch

☐ Planning Approvals

☐ Preliminary Functional Servicing Report

☐ Preliminary Site Servicing Drawings

☐ Owner Authorization

☐ Additional Documentation:

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Applicant Declaration

I hereby certify that the information provided in this application is true and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____

Office Use Only

Date Received: _____

File Number: _____

Reviewed By: _____

Comments/Conditions: _____