



**CORPORATION OF THE MUNICIPALITY OF MACHIN**

P. O. Box 249, 75 Spruce Street  
Vermilion Bay, ON P0V 3A0

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[www.visitmachin.com](http://www.visitmachin.com)

Chief Building Official

807-216-8285

# Application for Zoning Confirmation

Property Identifier

Date of Application

**APPLICANTS ARE  
REQUIRED TO  
COMPLETE ALL  
APPLICABLE PARTS  
OF THIS  
APPLICATION**

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Civil Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

### Zoning Question

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated at the Municipality of Machin, Ontario this ..... day of ..... 20.....

Witness ..... Signed .....

Owner or Authorized Agent of the Owner