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the **TOWNSHIP** of
MALAHIDE
A proud tradition, a bright future.



Lot Grading Exemption

Name of Property Owner: _____ Bldg Permit #: _____

Address: _____ Email: _____
_____ Phone: _____

Description of Work:

Municipal Drain on the Property? Y / N Drain Name: _____



Indicate North

Sketch or Attach Plan (indicate location of proposed work)

____ I have read, understand and agree to the conditions set forth on this exemption and assume all responsibility for any (initial) flooding or drainage dispute which may arise as a result of this construction; and

____ I indemnify and hold harmless the Township of Malahide from any actions, claims, suits or demands made by any (initial) person(s) arising out of the issuance of this exemption; and

____ I acknowledge that approval of this exemption does not preclude the applicant from any and all obligations under the (initial) Ontario Building Code, Ontario Drain Act, any other applicable regulations or by-law and/or their legal obligations.

Signature of Applicant

Date

[OFFICE USE ONLY]

Special Conditions:

Matt Sweetland
Director of Physical Services

Date