



THE CORPORATION OF THE MUNICIPALITY OF LEAMINGTON

Corporate Services Department
111 Erie Street North, Leamington, Ontario N8H 2Z9
Telephone: (519) 326-5761 Fax: (519) 326-2481

APPLICATION TO OPERATE A SALVAGE YARD IN THE MUNICIPALITY OF LEAMINGTON

By-law 639-05

LICENCE FEE : \$300.00

LICENCE VALID FOR 2 YEARS

Salvage yard shall mean the use of land, buildings, or structures where merchandise, articles and goods or things are stored wholly or partly in the open, kept for sale/and or processed for further use and, without limiting the generality of the foregoing, may include a junk yard, a scrap metal yard, and a motor vehicle wrecking yard, but shall not include the disposal of tires, lubricants, refrigerants, petroleum products and other industrial waste and pollutants.

DATE: _____

LICENCE NUMBER : _____

EXPIRY DATE : _____

RENEWAL NEW SALVAGE YARD

PLEASE ATTACH:

- A PLAN ILLUSTRATING THE LOCATION OF THE SALVAGE YARD ON SUBJECT PROPERTY INCLUDING LOCATION OF DRIVEWAYS, BUILDINGS, FENCES, BERM, GATES AND LIGHTING
- IN THE CASE OF LICENCE RENEWAL, PLANS INDICATING THE DIMENSIONS OF CURRENT SIGNAGE, AND THEIR LOCATION ON THE PROPERTY
- IN THE CASE OF A NEW SALVAGE YARD, APPROVAL OF SIGNAGE MUST BE OBTAINED FROM THE BY-LAW ENFORCEMENT OFFICER. PLEASE OBTAIN A SIGN PERMIT APPLICATION

ENTIRE BUSINESS NAME: _____

LOCATION OF SALVAGE YARD: _____

DIMENSIONS OF PREMISES : _____

EXISTING BUILDINGS ON PREMISES: _____

BUSINESS OPERATOR'S NAME: _____

BUSINESS OPERATOR INFORMATION: STREET ADDRESS: _____

(Please Print) CITY/TOWN: _____ PROVINCE: _____

POSTAL CODE: _____ PHONE NUMBER: _____

FAX NUMBER: _____ EMAIL ADDRESS: _____

OVER...

PROPERTY OWNER'S NAME (IF DIFFERENT FROM ABOVE): _____

PROPERTY OWNER INFORMATION (IF DIFFERENT FROM ABOVE):

(Please Print)

STREET ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____

POSTAL CODE: _____ PHONE NUMBER: _____

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE UNDER THE CRIMINAL CODE?

NO

YES, EXPLAIN _____

I/We hereby acknowledge that I/we have been provided with a copy of and have read and understand the regulations as set out in Municipality of Leamington Transient Trader, Hawkers and Peddlers By-law Number 638-05, as amended and outlined area where I/we are not permitted to sell product or solicit customers.

SIGNATURE OF APPLICANT

SIGNATURE OF PROPERTY OWNER

The information provided in this application will be available for public inspection.

OFFICE USE ONLY

ACCOUNT NUMBER : 1-312-4000-4015

FEE PAID : \$300.00 RECEIPT NUMBER : _____

CIRCULATION : PLANNING DEVELOPMENT FIRE POLICE DATE: _____

PLANNING SERVICES DEPARTMENT

BUSINESS LOCATION : _____

OFFICIAL PLAN DESIGNATION: _____

ZONING DESIGNATION: _____

PERMITTED USE : NO YES

PLANNING SERVICES APPROVED BY: _____ DATE: _____

COMMENTS: _____

DEVELOPMENT SERVICES DEPARTMENT

DATE OF TOUR OF SALVAGE YARD BY CHIEF BUILDNG OFFICIAL: _____

APPROVED : YES NO

COMMENTS: _____

CORPORATE SERVICES DEPARTMENT

DATE APPLICATION RECEIVED: _____

DATE APPLICATION CIRCULATED: _____

PLANNING SERVICES COMMENTS DATE RETURNED: _____

BUILDING DEPARTMENT COMMENTS DATE RETURNED: _____

FIRE SERVICES COMMENTS DATE RETURNED: _____

POLICE SERVICES DEPARTMENT DATE RETURNED: _____

HEALTH UNIT COMMENTS DATE RETURNED: _____

INITIALS: _____

COMMENTS: _____