



**SITE PLAN – SECURITY  
RELEASE APPLICATION**

Town of Tillsonburg – 10 Lisgar Ave  
 Tillsonburg ON N4G 5A5  
 PH: 519-688-3009 FX: 519-688-0759  
 Email: [planning@tillsonburg.ca](mailto:planning@tillsonburg.ca)

|                       |                     |                      |
|-----------------------|---------------------|----------------------|
| <b>Date received:</b> | <b>File number:</b> | <b>Project Name:</b> |
|-----------------------|---------------------|----------------------|

\*\*\*\*ALL SECTIONS AND INFORMATION MUST BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION\*\*\*\*  
 This application is for a request in release/reduction of securities. This application is not considered complete unless all documentation requested is received.

- Security release application completely filled out
- Engineering Inspection Fee : \$232.00 (for applications prior to January 12, 2021 **OR** for 3<sup>rd</sup> inspection)
- 2 Original hard copies of the Record Drawings - stamped and sealed by the Consulting Engineer (**Folded**)
- Letter from consulting Engineer with correspondence of all or partial work completed- stamped and sealed by the Consulting Engineer
- Cost Estimate- detailing value of completed work and uncompleted work- stamped and sealed by the Consulting Engineer
- Provide all documents above in PDF format to [planning@tillsonburg.ca](mailto:planning@tillsonburg.ca) - stamped and sealed by the Consulting Engineer

**A. Project Information**

|                               |                    |                |
|-------------------------------|--------------------|----------------|
| Building number, street name: | <b>TILLSONBURG</b> | <b>ONTARIO</b> |
|-------------------------------|--------------------|----------------|

Project Name:

**B. Applicant is:**     **Property Owner**                       **Authorized Agent of Property Owner**

|                              |                         |                            |          |
|------------------------------|-------------------------|----------------------------|----------|
| Last name                    | First name              | Corporation or partnership |          |
| Address                      |                         | Municipality               | Province |
| Telephone Number<br>(      ) | Cell Number<br>(      ) | E-mail                     |          |

**C. Property Owner (if different from applicant)**

|                              |                         |                            |          |
|------------------------------|-------------------------|----------------------------|----------|
| Last name                    | First name              | Corporation or partnership |          |
| Address                      |                         | Municipality               | Province |
| Telephone number<br>(      ) | Cell Number<br>(      ) | E-mail                     |          |

|   |                           |   |
|---|---------------------------|---|
| <b>D. Request for (Please check one):</b>                     | <b>Security Provided:</b> | Amount: \$  |
| <input type="checkbox"/> <b>Partial Release of Securities</b> |                           | <input type="checkbox"/> Cash <input type="checkbox"/> Letter of Credit |

|  |            |
|--|------------|
| <input type="checkbox"/> <b>Full Release of Securities</b> | Amount: \$ |
|--|------------|

**E. Description of Work Completed:**

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**F. Declaration of Applicant**

I \_\_\_\_\_ declare that:  
 (print name)

I/We agree that all information provided is correct to the best of my knowledge.

|      |                        |
|------|------------------------|
| Date | Signature of applicant |
|------|------------------------|

In submitting this application and supporting documentation, I, as the owner/authorized applicant, hereby acknowledge the above-noted policy and provide my consent, in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, that the information on this application and any supporting documentation provided by myself, my agents, consultants and solicitors, will be part of the public record and will also be available to the general public.

**FOR OFFICE USE ONLY**

|   |  |      |
|---|--|------|
| <p><b><u>ENGINEERING DEPARTMENT</u></b></p> <p>Inspection completed by: _____</p> <p>Date: _____</p> <p>Based on the completed inspection, the request for release of securities should be:</p> <p><input type="checkbox"/> <b>Approved</b></p> <p><input type="checkbox"/> <b>Denied</b></p> <p><input type="checkbox"/> <b>New Record Drawings to be submitted for next release request</b></p> | <p><b><u>BUILDING DEPARTMENT</u></b></p> <p>Inspection completed by: _____</p> <p>Date: _____</p> <p>Based on the completed inspection, the request for release of securities should be:</p> <p><input type="checkbox"/> <b>Approved</b></p> <p><input type="checkbox"/> <b>Denied</b></p> <p><input type="checkbox"/> <b>New Record Drawings to be submitted for next release request</b></p> |      |
| Comments: _____   | Comments: _____  |      |
|   |  |      |
|   |  |      |
|   |  |      |
|   |  |      |
|   |  |      |
| Signature: _____  | Signature: _____   |      |
| <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b> Signature: _____ (Director Of Operation)  |  |      |
| <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Denied</b> Signature: _____ (Treasurer)  |  |      |
| <ul style="list-style-type: none"> <li>• This application shall be circulated to the Development Planner, Chief Building Official, Manager of Engineering, And Director of Finance upon completion by Development Technician.</li> </ul>  |  |      |
| Sent To Finance Department:   | Who:   | How: |
| Date:   |  |      |