



# SITE ALTERATION/FILL PERMIT – AFFIDAVIT FORM

Township of Uxbridge  
Development Services Department  
51 Toronto Street South  
Uxbridge, ON L9P 1T1  
Tel: 905-852-9181  
website: [www.uxbridge.ca](http://www.uxbridge.ca)

**THIS DECLARATION MUST BE COMPLETED BY THE APPLICANT AND SIGNED IN THE PRESENCE OF A COMMISSIONER FOR TAKING AFFIDAVITS**

Address of Site Alteration/receiving site of fill:		
Name of Property Owner(s)		
Name of Registered Owner(s):	Name of Registered Owner(s):	
Mailing Address:	City/Town:	Postal Code:
Telephone Number:	Email Address:	
Authorized Agent Information (if applicable)		
Name of Authorized Agent:	Company Name:	
Mailing Address:	City/Town:	Postal Code:
<p>I/We _____ of the _____ (Print Name(s)) (Name of City, Town, Township etc.)</p> <p>In the Region/County/District of _____ solemnly declare that all the statements contained in the application for consent and all supporting documents are true and complete, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath, and by virtue of the "Canada Evidence Act."</p> <p>Declared before me at _____ in the Region/County/District of _____ _____ this _____ day of _____, in the year _____.</p> <p>_____ Signature of Registered Owner(s)/Agent</p> <p>_____ A Commissioner of Oaths, Etc.</p>		

Personal information contained in this form is collected under the authority of **Subsection 8 (1.1)** of the **Building Code Act, 1992**, and will be used in the administration and enforcement of the Act, and the OBC. Questions about the collection of personal information may be addressed to the Chief Building Official of the Township of Uxbridge.