Declaration of Owner:

I, (first/last name OR Corp	oration Name with authorized individual first/last name):					
	hereby declare the following: (please rea	d and				
check all boxes)						
	hat all statements contained in this application are true and made with full knowledge of all relevant matters and of the circumstances connected with this request.					
☐ That all information on correct.	this application and the supporting plans and documents a	re				
Region/Niagara Penins	e-of-Adjustment members and City of Niagara Falls/Niagar ula Conservation staff are authorized to enter onto the subj poses of evaluating the merits of this application.					
•	t:his application with the City of Niagara Falls.	_ is				
Date:	Signature of Owner:					
Date:	Signature of Owner:					

ACCESSIBILITY

The City of Niagara Falls is dedicated to ensuring that everyone will be able to access the information they needed. Reports and Studies submitted with Planning Applications may, upon the request of City Staff, be required to meet the accessibility standard of WCAG 2.0 Level AA.

PUBLIC DOCUMENT

Personal information is collected pursuant to the Planning Act and will be used for the purpose of processing your application. If you have any questions on the gathering of personal information and the release of any personal information to any person or public body under the Freedom of Information and Protection of Privacy Act, you may contact clerk@niagarafalls.ca.

REGULATIONS AND GUIDELINES

It is the applicant's responsibility to provide all information required under the Planning Act, applicable Ontario Regulations, Provincial, Regional, and City Policies and Guidelines.