



Town of Parry Sound Encroachment Application

Name of applicant: _____

Mailing address: _____

Phone Number: _____ Cell Number: _____

For the property described as: _____

Purpose of the encroachment [fence, retaining wall, landscaping, or other please describe]: _____

as shown on the attached plan including exact location and all measurements.

Date you intend to begin work: _____

Signature

Date

*The Town of Parry Sound is not responsible for any damage that may occur.