

Notice of Request for Drain Improvement

Drainage Act, R.S.O. 1990, c. D.17, subs. 78(1)

To: The Council of the Corporation of the Municipality _____ of North Huron _____

Re: SCHOLTZ DRAIN
(Name of Drain)

In accordance with section 78(1) of the *Drainage Act*, take notice that I/we, as owner(s) of land affected, request that the above mentioned drain be improved.

The work being requested is (check all appropriate boxes):

- ☐ Changing the course of the drainage works;
- ☒ Making a new outlet for the whole or any part of the drainage works;
- ☐ Constructing a tile drain under the bed of the whole or any part of the drainage works;
- ☐ Constructing, reconstructing or extending bridges or culverts;
- ☐ Constructing, reconstructing or extending embankments, walls, dykes, dams, reservoirs, pumping stations or other protective works in connection with the drainage works;
- ☒ Otherwise improving, extending to an outlet or altering the drainage works;
- ☐ Covering all or part of the drainage works; and/or
- ☐ Consolidating two or more drainage works.

Provide a more specific description of the proposed drain improvement you are requesting:

Property Owners:

- Your municipal property tax bill will provide the property description and parcel roll number.
- In rural areas, the property description should be in the form of (part) lot and concession and civic address.
- In urban areas, the property description should be in the form of street address and lot and plan number, if available.

Property Description

con 3 LOT 35 & 36 East Wawanosh Ward	Parcel Roll Number 40-50-580-003-01800 0000
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If property is owned in partnership, all partners must be listed. If property is owned by a corporation, list the corporation's name and the name and corporate position of the authorized officer. Only the owner(s) of the property may request a drain improvement.

Select Ownership Type

Enter the mailing address and primary contact information of property owner below:

Last Name <u>NAUWELAERTS</u>		First Name <u>DIRK</u>	Middle Initial <u>F.J.</u>
Mailing Address			
Unit Number	Street/Road Number <u>83671</u>	Street/Road Name <u>SCOTT LINE</u>	PO Box
City/Town <u>BLYTH</u>		Province <u>ONT</u>	Postal Code <u>N0M1H0</u>
Telephone Number <u>519 523 4392</u>	Cell Phone Number (Optional) <u>519 531 0230</u>	Email Address (Optional) <u>nauwelaerts.d@live.ca</u>	

To be completed by recipient municipality:

Notice filed this 22nd day of November 20 16

Name of Clerk (Last Name, First Name) <u>Adams, Kathy</u>	Signature of Clerk <u>[Signature]</u>
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