



REQUEST FOR MAILING CIRCULATION

Please Note: 48 hours written notice for completion of mail lists is required.

Applicant/Agent Name:	
Applicant/Agent Company:	
Applicant/Agent Mailing Address:	
Applicant/Agent Phone Number:	
Applicant/Agent Email Address:	

Subject Property Owner Name:	
Subject Property Address:	
Subject Property Roll Number:	

Type of Application Requesting:

- ☐ Lot Line Adjustment (60m) (Provide Info for Both Properties) ☐ Severance (60m)
☐ Minor Variance (60m) ☐ Official Plan Amendment (120m)
☐ Zoning Bylaw Amendment (120m) ☐ Other (Specify Distance _____)

Sketch Included: ☐ Yes ☐ No

Date Received by Municipality:	
Date Issued:	

The accuracy of this circulation list is only valid for 30 business days from date of issue.

Fee: \$55.00 per hour/employee (Includes HST) – 1 hour minimum
(January 2026)

Mail to: Township of Wellington North, PO Box 125, Kenilworth, ON, N0G 2E0

Email to: tpringle@wellington-north.com