



User: **Mdrake**

Date: **27/11/2018**

Refer to: **null**

Meeting Date:

Action: **null**

Notes:

Copies to: **refer to Thom**

The above information was supplied by:

Name: _____ Signature: _____
(Please Print)

Firm (If Applicable): _____
(Please Print)

Part II - To Be Completed By The Township

File/Application No.: _____
Minimum Separation Distance: _____
Does the Application Comply With the MDS Requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO
Prepared by: _____ Date: _____