

Town of Aurora

Municipal Street Name Change Application Form

Planning And Development Services

Phone: 905-726-4700 Fax: 905-726-4736 Email: planning@aurora.ca

Town of Aurora 100 John West Way, Box 1000, Aurora, ON L4G 6J1 www.aurora.ca



Municipal Street Name Change

This Application Form is available in digital format on the Town's Website under Planning and Development Services or contact planning@aurora.ca via e-mail or by calling 905-726-4700 for a copy. A processing fee in the amount specified on the Fee Calculation Worksheet shall be made payable to **The Town of Aurora (Cheque)**. The fee must be delivered to Planning and Development Services at Town Hall located on the 3rd floor, quoting the address of the proposed development. Please note that this fee is **non-refundable** regardless of the outcome pertaining to this request. Planning Applications will not be accepted unless the full Application fee and required material is received.

The following information is required by The Town of Aurora to evaluate the potential for a Municipal Street Name Change.

1. Owner/Applicant/Agent Information

(Please list additional Property Owners on an attached schedule, if applicable)

Registered Owner(s)			
Address			
		ce Postal Code	
Telephone	Fax	E-mail	
Applicant(s)			
(If different than above)			
Address			
City	Provinc	ce Postal Code	
Telephone	Fax	E-mail	
Signature of Owner / Ag	jent or Applicant	Date	



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Agent(s) (Solicitor/Consultant, if applic	able)			
Contact				
Address				
City		Province	Postal Code	
Telephone	Fax		F-mail	



Municipal Street Name Change

Authorization of Owner

I/We,
Hereby authorize (Name of Agent or person authorized to sign this Application Form)
to act as our Agent to sign this Application Form, to appear on my/our behalf at any hearing(s) in respect of the Application and to provide any information or material required by the Town in connection with this Application Form and I/We hereby authorize the Town to collect such information from my/our client.
Address
Legal Description
Signature(s) of Owner(s)
Name of Corporation
Name Title
Dated this day of , 20
Signing Officer Signature and Corporation seals, if applicable
Per Name of Corporation
Name Title
I/We have the authority to bind the corporation



Municipal Street Name Change

Affidavit

I/We	of the Municipality of		
In the Region of			
solemnly declare that all the statements contained in this Application Form are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of The Canada Evidence Act.			
SWORN before me at the(City	/Town)	of(Municipality)	
in the (Region, if Applicable)		of	
This day of	, 20		
Owner/Agent or Applicant			
Commissioner for Taking Affi	davits, etc.		



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Public Record Notice and Release

Public Record Notice: Pursuant to the section 1.0.1 of the *Planning Act*, R.S.O. 1990, c. P.13, all information and material required in support of your Application will be made available to the public.

I understand and agree that my personal information, as well as any other information and material including, but not limited to, drawings, studies, plans, affidavits, etc., provided on this application form and/or required as part of this application, will be used to create a record that is available to the general public and I do hereby authorize and consent to the release, disclosure, copying and distribution of any such information and/or material to any person or public body.

I also understand and agree that The Corporation of the Town of Aurora (the "Town") is not responsible for protecting and/or enforcing copyrights or any other intellectual property rights that might attach to any information or material provided or submitted as part of this application.

By signing below, I agree to the foregoing and I also agree to release, waive and forever discharge the Town from all actions, claims, demands, losses, costs, damages, suits, proceedings or liabilities whatsoever related to: (a) the collection, handling and release of any information provided on this form and/or required as part of this application; and (b) any copyright or intellectual property rights that might attach to any information or material submitted as part of this application and made available to the public by the Town pursuant to section 1.0.1 of the *Planning Act*.

Signature of Owner	 Date	



100 John West Way Aurora, Ontario L4G 6J1 (905) 726-4700 aurora.ca

Town of Aurora

Fee Calculation Worksheet

Planning and Development Services

Street Name Change Application

Breakdown of Fees

This Form must be completed by Applicant for calculation of fees

Calculations		Fee	Total	
Street Name Change Fee:		\$ 2,002.00	\$	
Total Fee Amount		\$ 2,002.00	\$	
Paymen	t of Fees			
All fees set out herein shall be payable by cheque to application. For the Application file to be complete before any processing of the Application will comm	, the required Applic			
Staff use only				
File Name:	File Number:			
Property Address / Legal Description:				
General Ledger Number				
1-10-1093-52120-000000-000-0000 (PLSNC)				
Verification of Fees: Indicate Correct Total			\$	
Staff Name:	Date:			

January 2026