

**MANDATORY PRE-CONSULTATION  
Request for Pre-Consultation Form**



**SITE INFORMATION**

**DATE:**

Municipal Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Site area: \_\_\_\_\_

Site Frontage: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Current uses: \_\_\_\_\_

Current Official Plan Designation: \_\_\_\_\_

Proposed Land Use: \_\_\_\_\_

Proposed Number of Residential Units: \_\_\_\_\_

Proposed Dwelling Units Types: \_\_\_\_\_

Non-residential Gross-Floor Area: \_\_\_\_\_

**TYPE OF APPLICATION**

- Zoning By-law Amendment
- Official Plan Amendment
- Draft Plan of Subdivision
- Draft Plan of Condominium
- Site Plan
- Other - Please describe: \_\_\_\_\_

Have you had any previous discussions with Township staff with respect to this development?

- YES If Yes – please provide staff name(s): \_\_\_\_\_ when: \_\_\_\_\_
- NO

Has this land been subject to any other application under the Planning Act?

If yes, please select :

Zoning Bylaw Amendment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Official Plan Amendment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Draft Plan of Subdivision	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Draft Plan of Condominium	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Site Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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**REGISTERED OWNER**

NAME/COMPANY NAME: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Application (if different from above)**

NAME/COMPANY NAME: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Description of Proposal (Please attached a separate sheet if needed)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Drawings submitted:**

- Concept Plan       Survey       Severance Sketch   
Location Plan       Building Elevations