

# Pre-Consultation Application Land Division & Amendments

#### **Planning Services Division**

Development Services Office 2nd Floor, Victoriaville Civic Centre P.O. Box 800, 111 Syndicate Avenue South Thunder Bay, ON P7C 5K4 P: (807) 625-2216 | F: (807) 623-2206 www.thunderbay.ca/planning

PROPERTY INFORMATION

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Yes

Roll number:

Fee paid: Receipt no.:

Application no.:

Received stamp does not imply acknowledgment of complete application

### **APPLICATION TYPE**

Street address:

Pre-Consultation for: Site Plan Approval, Zoning By-law and/or Official Plan Amendment, Consent to Sever, or Plan of Subdivision/Condominium

The pre-consultation fee will be credited towards the fee for a development application listed above, provided the application is received within one (1) year of the date of submission of this application.

Legal description: (e.g. Registered Plan, Lot, Part, Concession, etc.)		
When did the owner acquire the property?		
Does the owner own abutting land?  If yes, please describe the lands:	Yes	No
Official Plan designation:		
Zoning:		
What is the property used for today?		

Describe any buildings or structures that exist on the property today.

Do any easements, rights of way, or restrictive covenants affect the property?

If yes, please describe the easements, rights of way, or restrictive covenants:

How long has this use continued?

Yes

No



Describe the lot dimensions in METRIC units.

Lot depth (m): Lot area (m<sup>2</sup>): Lot frontage (m):

Describe the land uses surrounding the property.

North:

East:

South:

West:

How is the property currently accessed?

Provincial Highway

Other public road

Municipal road, maintained all year

Right-of-way

Municipal road, seasonally maintained

Water access

Is the property serviced?

If yes, how is the property serviced?

Yes

No

City water

Private well Communal well Water body

Sewage:

Water:

City sanitary sewer

Private septic system

Communal septic system

Other

Storm drainage:

City storm sewer

**Ditches** 

**Swales** 

Other

#### **PROPOSAL DESCRIPTION**

What type of application is pre-consultation is being requested for? Check all that apply.

Official Plan Amendment Zoning By-law Amendment Plan of Subdivision

Plan of Condominium Consent to Sever Site Plan Approval

What is the proposed use for the property?

Are new lots being proposed? If yes, how many?

Yes

No

What is the area of the proposed lot(s)?

Does the project require an exemption to the Official Plan?

Yes

No



Does the project require a change to the Zoning By-law? Yes
If yes, please identify the zone change or permitted use being requested.

No

Does the proposal include the construction of a new building(s) or major addition? If yes, please describe the new building(s) or major addition.

Yes

No

Does the project include residential units? If yes, how many?

Yes

No

Does the project include non-residential units? If yes, how many?

Yes

No

How many parking spaces are proposed?

How many barrier-free parking spaces are proposed?

How many loading spaces are proposed?

How many stacking spaces (for a drive-through queue) are proposed?

Describe any other details about the proposal you would like to add:



## **REQUIRED ATTACHMENTS**

Preliminary sketch of proposed development displaying the subject property, existing and proposed lot lines, buildings, access, servicing, natural features, etc.

Application fee	
APPLICANT INFORMATION & ACKNOWLEDGMEN	IT .
CONTACT INFORMATION	
Name:	
Mailing address:	
Email address:	
Preferred phone number:	Alternate phone number:
Are you the registered owner of the subject property? If no, what is your relationship to the development proposal? (e.g	Yes No . consultant, prospective purchaser, tenant, etc.)
Please note, although not required for pre-consultation, authorization Planning Act applications (i.e. Site Plan Approval, Zoning By-law and/o Plan of Subdivision/Condominium).	
ACKNOWLEDGMENT	
/We request that the information submitted on this form be kept confice filed under the Municipal Freedom of Information Act, R.S.O. 1990, contwithstanding the request to keep information confidential.	
/We certify that, to the best of my/our knowledge, the information co	ntained in this form is accurate and complete.

Signature

Applicant (print)

Date