

7855 Sideroad 30 Alliston, ON L9R 1V1

**Telephone:** 705-434-5055 **Fax:** 705-434-5051

FOR OFFICE USE ONLY		
Application Received By:		
Application File Number:	Date Received:	
Assigned Application File Name:		
Previous Related Application Numbers on the Property:		

#### PLEASE READ BEFORE COMPLETING APPLICATION

You are responsible for ensuring that you have submitted a complete application including all prescribed information. If your proposal requires amendments to the Township Official Plan or Zoning By-law, you must provide appropriate information and justification to support your request. Incomplete and illegible applications will be returned to applicant until satisfactory.

#### **1. APPLICANT INFORMATION**

1.1 Applicant(s) Name:		
Mailing Address:		
Telephone:	Email:	
1.2 Owner(s) Name (If Different	t from Above):	
Mailing Address:		
Telephone:	Email:	
1.3 Agent's Name & Firm:		
Mailing Address:		
Telephone:	Email:	
1.4 The primary contact for all m	atters relating to this application (pick one):	
Applicant	Owner Agent	
1.5 Preferred meeting type (please ensure email address is clearly indicated above):		
In-Person	Microsoft Teams	



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# PRE-APPLICATION CONSULTATION REQUEST FORM

# 2. LEGAL DESCRIPTION

Lot:	Concession:
Registered Plan:	Lot Number:
Municipal Address:	

## **3. EXISTING PROPERTY INFORMATION**

Describe the Current Use

Describe buildings or structures on the property, including natural features

## 4. CURRENT ZONING & OFFICIAL PLAN DESIGNATION

**Current Official Plan Designation** 

Does the proposal comply with the Current Official Plan Designation?

**Current Zoning** 

Does the proposal comply with the Current Zoning?



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## 5. DETAILED DESCRIPTION OF PROPOSED DEVELOPMENT

Proposed Application Type:

Official Plan Amendment

- □ Site Plan Application
- □ Zoning By-Law Amendment
- $\Box$  Plan of Subdivision

□ Plan of Condominium

□ Consent

□ Minor Variance

# 6. DESCRIPTION OF PROPOSAL

Additional Information/Drawing Included: YES / NO

# 7. APPLICATION DECLARATION

I,, solemnly declare that I am (choose
--

one of the following) 
The Owner An Officer / Employee of the Owner The Agent of the Owner

and that all above statements contained within this application are true and accurate.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 8. PERMISSION TO ENTER

The Applicant acknowledges that a site visit may be required and authorizes the Town staff to enter onto the subject lands for the purpose of reviewing this Application.

Applicant Signature:

Date: \_\_\_\_\_