

Mandatory Pre-Consultation Request Form

Registered Owner Contact Information			
Name:	_		
Principal (If Owner is a company name):			
Address:	Postal Code:		
Phone:	Ext:		
Email:			
Applicant/Agent Contact Information			
Name:			
Principal (If Owner is a company name):			
Address:	Postal Code:		
Phone:	Ext:		
Email:			
Owner's Authorization to Hold a Pre-Consultation Meeting:			
Signature:	Date:		
Description of Property			
Municipal Address:			
Assessment Roll Number:			
Lot Area (Hectares):			
Lot Frontage (Metres):			
Existing Land Use:			
Proposed Land Use:			
Current Official Plan:			
Current Zoning Designation:			
Use of Abutting Lands:			



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Тур	oe of Application	(s)			
a)	This is a pre-Cor apply):	This is a pre-Consultation Meeting request for the following (check all items that apply):			
	☐ Official Plan Amendment ☐ Zoning By-Law Amendment				
	☐ Draft Plan of Subdivision				
	☐ Draft Plan of Condominium				
	☐ Other (spec	cify)			
b)	Have you had any previous discussions/meetings with the Planning Services Department with respect to this proposal?				
	☐ Yes	□ No			
	If yes, who has b	een your contact	 		
c)	Has this property Planning Act?	/ been, or is it cur	rently subject to any other applications under the		
	☐ Yes	□ No	□ Unknown		
	If yes, please list	the applicable file	e numbers?		
Pro	oposal Details				
lim any lav	nited to the nature by proposed buildir w provisions, tenui	of the developmengs or additions, are, and any other	proposed development application; including but not ent, number of proposed units, types of uses, size of amendments to Official Plan policies or Zoning Byinformation that may be pertinent to the proposal. If ttach a separate page to this application form.		
Со	onceptual Drawin	g/Site Plan			
	ease provide a col easurements in me	•	in PDF format and 2 hard copies, with all		
Dra	aisles, natura	roperty xisting and propos I features)	sed structures and features (i.e. parking, drive		



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Declaration

By submitting this form, I agree to allow the Municipality of Clarington, its employees and agents to enter the subject property for the purpose of conducting visual surveys that may be necessary to process this request. I further agree to maintain all vegetation on site, including woodlots, and shall not cut or destroy any vegetation or re-grade the site during the processing of this request.

If the owner is not the applicant, the owner's authorization must be provided.

Owner, Applicant, or Authorized Agent Name (Please Print) Date:	Signature of Owner, Applicant, or Authorized Agent			
Pre-Consultation Meeting Request Accepted By (For Staff Use Only):				
Name:	_ Date:			
Fee received □ Yes	□ No			

Please send completed applications to DevelopmentApplicationsCoordinators@clarington.net