



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:	_____

Type of Application(s)

a) 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

Site Plan Approval

Other (specify) _____

b) Have you had any previous discussions/meetings with the Planning Services Department with respect to this proposal?

Yes

No

If yes, who has been your contact: _____

c) Has this property been, or is it currently subject to any other applications under the Planning Act?

Yes

No

Unknown

If yes, please list the applicable file numbers? _____

Proposal Details

Provide a detailed description of the proposed development application; including but not limited to the nature of the development, number of proposed units, types of uses, size of any proposed buildings or additions, amendments to Official Plan policies or Zoning By-law provisions, tenure, and any other information that may be pertinent to the proposal. If additional space is required, please attach a separate page to this application form.

Conceptual Drawing/Site Plan

Please provide a conceptual site plan in PDF format and 2 hard copies, with all measurements in metric.

Drawings should include:

- Location of Property
- Location of Existing and proposed structures and features (i.e. parking, drive aisles, natural features)
- Other information, as appropriate to assist staff in understanding the proposal.

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.

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Owner, Applicant, or Authorized Agent Name (Please Print)	Signature of Owner, Applicant, or Authorized Agent
Date: _____	
Pre-Consultation Meeting Request Accepted By (For Staff Use Only):	
Name: _____	Date: _____
Fee of \$200.00 received	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please send completed applications to DevelopmentApplicationsCoordinators@clarington.net