

Pre-Consultation Request Form

Township of Wainfleet
 Planning Department
 31940 Highway #3
 Wainfleet, ON L0S 1V0
 Tel: 905-899-3463 Fax: 905-899-2340



A pre-consultation meeting is required prior to the acceptance of an application for Official Plan Amendment, Zoning Bylaw Amendment, Draft Plan of Subdivision or Condominium, Site Plan Control, Severance or Easement. The pre-consultation meetings are hosted by the Planning Department and may include representatives from various Township Departments or external agencies as required.

The pre-consultation meeting allows the applicant and/or their representatives to present and discuss the development proposal with relevant staff and also provides staff the opportunity to clarify the application process, provide preliminary comments on the development proposal, identify key issues and the approvals that will be required and confirm the supporting information/materials that must be submitted with the application in order to be considered a complete application under the Planning Act.

Submission Requirements

No later than 10 days prior to the requested meeting, the applicant and/or their representatives must submit this form and provide two (2) copies of a drawing (no larger than 11x17) in hardcopy and in PDF format which illustrates the following:

- Location of property and immediate surroundings (including property dimensions)
- Use of adjoining lands
- Location of existing and proposed structures and features such as pedestrian and vehicular access, parking, septic system and water supply (well or cistern), road allowances, rights of way, streets and highways, watercourses, drainage ditches and natural features (trees and vegetation)
- Other relevant information, as appropriate, to assist staff in understanding the proposal

Timing and Record of Pre-Consultation

Complete and return the pre-consultation request form and the supporting submission material to the Planning Department. Upon receipt of a completed form and submission material, Township staff will schedule a pre-consultation meeting between the applicant/agent and the relevant Township/Agency staff. Pre-consultation meetings are held on the second and fourth Thursday of the month between 9 am and noon. Township staff will ensure that the appropriate agencies and staff are invited to the pre-consultation meeting. Your submission will allow staff/agencies the opportunity to prepare for and gather any information necessary to properly consider the proposal in the context of local, regional, provincial and agency policies, guidelines and make appropriate recommendations at the pre-consultation meeting.

Within 10 business days of the pre-consultation meeting, staff will provide the applicant/agent with a signed Record of Pre-Consultation. The Record of Pre-Consultation will contain a list of information and material that will be required to process the subject applications. The Record of Pre-Consultation must be submitted with the application along with all of the required information and materials to be considered a complete application.

FOR STAFF USE ONLY

Pre-Consultation Meeting Request Accepted By:	Date of Submission:
Date of Pre-Consultation Meeting:	Time of Pre-Consultation Meeting:
Required Township Departments & Agencies:	

SECTION 1 – CONTACT INFORMATION

Owner Information

Registered Owner(s): (please indicate names exactly as shown on the Transfer Deed of Land)

Mailing Address (Street address, unit number, city and postal code)

Phone Number

Fax Number

Email Address

Applicant/Authorized Agent Information (if applicable)

Owner's Authorized Agent:

Mailing Address (Street address, unit number, city and postal code)

Phone Number

Fax Number

Email Address

SECTION 2 – TYPE OF APPLICATION

This is a pre-consultation meeting request for (check all that apply):

- Official Plan Amendment
 Zoning Bylaw Amendment
 Draft Plan of Subdivision
 Draft Plan of Condominium
 Site Plan Control
 Severance/Easement

Have you had any previous discussions with Township Planning staff with respect to the proposal?

 Yes No If yes, who did you consult with? _____

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

 Yes No If yes, please list the file number: _____
SECTION 3 – PROJECT INFORMATION

Municipal Address:

Assessment Roll Number:

Legal Description (Lot, concession, registered plan, etc.)

Existing Use of Subject Property:

Lot Area (m² or ha):

Township Zoning:

Township Official Plan Designation:

SECTION 3 - CONTINUED

Please provide a detailed description of the proposal (use additional sheet if necessary):

SECTION 4 – CONSULTANT TEAM (if applicable)

Discipline	Name of Consultant	Name of Firm
Planner		
Engineer		
Project Manager		
Landscape Architect		
Architect		
Other:		
Other:		

SECTION 5 - DECLARATION

I, _____, certify that the information provided in this document is true to the best of my knowledge and that all required supporting documentation has been enclosed and submitted with this form.

Signature

Date