

# Zoning Compliance Letter Application Form

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



## 1. Applicant Information

Name

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

Phone Number

Email Address

Reason for Request

Property Information

Motor Vehicle Sales (OMVIC)

Propane Distribution

Establishment of Day Nursery

Other: \_\_\_\_\_

## 2. Owner Information (if different from above)

Name

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

Phone Number

Email Address

## 3. Property Inquiry Information

Property Address:

Assessment Roll Number:

Legal Description:

Existing Site Servicing

Septic System:

Class 4 (Tile Bed)

Class 5 (Holding Tank)

Potable Water Supply

Well

Cistern

No Servicing

## 4. Existing Uses

Existing Uses on Property:

Length of Time in Existence:

Detailed Description of Proposal:

## 5. Existing and Proposed Buildings/Structures

Buildings/Structures (List all existing and proposed including decks)	Ground Floor Area (footprint)	Height	Total Floor Area (all floors)
1.	m <sup>2</sup>	m	m <sup>2</sup>
2.	m <sup>2</sup>	m	m <sup>2</sup>
3.	m <sup>2</sup>	m	m <sup>2</sup>
4.	m <sup>2</sup>	m	m <sup>2</sup>
5.	m <sup>2</sup>	m	m <sup>2</sup>
6.	m <sup>2</sup>	m	m <sup>2</sup>

Note: Attach additional sheet if required.

## 6. Mandatory Accompanying Documents

- Two (2) copies of a scalable Site Plan Drawing which includes the following:
- Driveway width, location & distance to lot lines
  - All buildings and structures (including decks)
  - Septic system and well locations
  - Distance between closest point of each building or structure and the lot lines
  - Distance between buildings or structures
- Fee (as per applicable Fee By-law)
- Explanatory Covering Letter (optional)
- Property Survey (optional)
- Other (please specify):

## 7. Applicant Signature

Preferred method of response delivery:  Call for pick-up  Mail  Email

I, \_\_\_\_\_, hereby declare that the statements herein are to the best of my knowledge a true and complete representation of the purpose and intent of this application.

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

\_\_\_\_\_  
Date

Personal information contained on this form is collected under the authority of the Municipal Act, 2001 and will be used solely in the administration of this application.

## For Office Use Only

Date Received:

Fee Paid?  Yes  No

Receipt No.: