

Pre-Consultation Request Form

Township of Wainfleet
Planning Department
31940 Highway #3
Wainfleet, ON L0S 1V0
Tel: 905-899-3463
www.wainfleet.ca/planning



A pre-consultation meeting is recommended prior to the acceptance of an application for official plan amendment, zoning by-law amendment, draft plan of subdivision or condominium, site plan approval, consent and minor variance. 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 will identify the requirements to submit a complete application and will provide the opportunity to discuss the proposed application, planning-related matters, application fees, the application review process and other matters.

All information requested on this form is collected under the authority of the *Planning Act, R.S.O. 1990, c. P.13*, as amended, and the provisions of the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56*. The requested information on this form and all accompanying plans, reports and materials will form part of the public record which may be published on the Township website or by other means. The name of the Applicant and/or Registered Owner is public information.

Submission Requirements

The Applicant must submit this form, the required Township pre-consultation fee (as well as the Niagara Region pre-consultation fee, if applicable) and provide a preliminary concept plan of the proposed development. The preliminary concept plan must be in PDF format, and at minimum, illustrate the following:

- the subject property and immediate surroundings;
- use of adjoining lands;
- existing and proposed property lines (including property dimensions);
- location of existing and proposed structures and features (e.g. accesses, parking, septic, road allowances, watercourses, drainage ditches and natural features);
- relevant zoning information (such as proposed setbacks from lot lines and significant natural features, building heights, lot coverage, landscaped area, dimensions for parking spaces and aisle widths);
- any other relevant information.

Please be as detailed as possible to ensure that Township staff and external agencies have sufficient information to prepare pre-consultation comments.

Timing and Record of Pre-Consultation

Pre-consultation meetings are held on the second and fourth Thursday of the month between 9 a.m. and noon and scheduled on a first-come, first-served basis. To allow Township staff and external agencies the opportunity to prepare for and gather any necessary information 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, please submit your application no later than 12:00 p.m. 14 days prior to the requested meeting.

The completed pre-consultation meeting request form and the supporting concept plan can be submitted via email to the Planning Department at planning@wainfleet.ca. Upon receiving a completed form and concept plan as well as required pre-consultation fees, Township staff will schedule a pre-consultation meeting with the relevant Township staff and external agencies. Pre-consultation meetings can be held in-person at the Township office or virtually, whichever the Applicant prefers.

Within 10 business days of the pre-consultation meeting, staff will provide the Applicant 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 the required information and materials to be considered a complete application.

SECTION 1 – CONTACT INFORMATION

Applicant Information

Applicant Name:

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

Phone Number

Email Address

Registered Owner Information (if different than applicant)

Registered Owner(s):

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

Phone Number

Email Address

Owner's Authorization:

I/we, _____, am/are the registered owner(s) of the subject property and I/we hereby authorize the applicant, _____, to submit this pre-consultation meeting request form, communicate with Township staff and external agencies and receive all information pertaining to the pre-consultation.

Please specify which parties are to be included in all communications:

Applicant Registered Owner(s)

I/we would prefer to attend the pre-consultation meeting:

At the Township office Virtually

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/Condominium
 Minor Variance 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? _____

Have you had any previous discussions with other agencies 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.)		
Are there any registered easements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		
Lot Area (m ² or ha):	What type of servicing exists at the subject property? <input type="checkbox"/> Cistern <input type="checkbox"/> Well <input type="checkbox"/> Septic System (private) <input type="checkbox"/> Septic System (communal) <input type="checkbox"/> Privately operated piped water <input type="checkbox"/> Other: _____	
Township Zoning:		
Township Official Plan Designation:		
Existing use(s) of the subject property:		
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		
Architect/Designer		
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