



THE CORPORATION OF THE TOWNSHIP OF TAY
PLANNING DEPARTMENT
REQUEST FOR PRE-CONSULTATION

| OFFICE USE ONLY | | | |
|--|--|----------|-----------------|
| DATE RECEIVED: | | FILE NO. | |
| FEES: Pre-Consultation for OPA, Subdivision, Site Plan, ZBA | | | \$300.00 |
| | | | |

The purpose of this request form is for the applicant to provide background information to the Municipality to be circulated to Municipal Departments and Local Agencies in order that information and guidance can be provided to applicants and their agents with regards to required planning applications and engineering issues, process, fees, costs, timing, studies and other submission requirements.

Upon receipt of a complete request for pre-consultation form and a concept plan, Planning Staff will contact the Applicant and/or their Agent to arrange a pre-consultation meeting and will provide written comment following the meeting.

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| 1. TYPE OF APPLICATION |
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- | | |
|--|--|
| <input type="checkbox"/> Official Plan Amendment <input type="checkbox"/> Plan of Subdivision <input type="checkbox"/> Plan of Condominium | <input type="checkbox"/> Site Plan <input type="checkbox"/> Zoning By-law Amendment <input type="checkbox"/> Unknown |
|--|--|

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| 2. CONTACT INFORMATION |
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Applicant Information

| | | | |
|--------------------|--|----------|--|
| Name of Applicant: | | | |
| Mailing Address: | | | |
| Telephone No: | | Cell No: | |
| E-Mail: | | Fax No: | |

Owner Information (if different from Applicant)

| | | | |
|------------------|--|----------|--|
| Name of Owner: | | | |
| Mailing Address: | | | |
| Telephone No: | | Cell No: | |
| E-Mail: | | Fax No: | |

Agent Information (if applicable)

| | | | |
|------------------|--|----------|--|
| Name of Agent: | | | |
| Mailing Address: | | | |
| Telephone No: | | Cell No: | |
| E-Mail: | | Fax No: | |

Name of Mortgagee, charges or encumbrances, in respect to the subject lands (if applicable)

| | | | |
|------------------|--|---------|--|
| Name: | | | |
| Mailing Address: | | | |
| Telephone No: | | Fax No: | |

Communications should be sent to Applicant Owner Agent

3. LOCATION AND DESCRIPTION OF THE SUBJECT LANDS**Location of Land (complete applicable lines)**

| | | | |
|------------------|--|-------------|--|
| Street & Number: | | | |
| Tax Roll #: | | | |
| Lot No.: | | Concession: | |
| Part No.: | | Plan No.: | |

Easements or Restrictive Covenants

| |
|---|
| Are there any easements or restrictive covenants affecting the subject lands? |
| If yes, describe the easement or covenant and its effect: |
| |
| |

Dimensions of Subject Property (in metric units)

| | | |
|---------------|--|---------------|
| Frontage | | metres |
| Average Width | | metres |
| Depth | | metres |
| Area | | square metres |

4. EXISTING LAND USES & ZONING

| | | |
|--|--|--|
| Describe the existing uses on the property: | | |
| | | |
| | | |
| Current Land Use Designation in Official Plan: | | |
| | | |
| Current Zoning: | | |
| Number of existing Units/Blocks: | | |
| Number of existing Buildings: | | |

| | |
|-----------|--|
| 5. | PROPOSED LAND USES & ZONING |
|-----------|--|

| | |
|---|--|
| Describe the proposed uses on the property: | |
| | |
| Proposed Land Use Designation in Official Plan: | |
| | |
| Proposed Zoning: | |
| Number of proposed Units/Blocks: | |
| Number of proposed Buildings: | |

| | |
|-----------|-----------------------------|
| 6. | ACCESS AND SERVICING |
|-----------|-----------------------------|

| Type of access | Existing | Proposed |
|---|----------|----------|
| provincial highway | | |
| municipal road, maintained year round | | |
| municipal road, maintained seasonally | | |
| other public road | | |
| please specify | | |
| | | |
| right of way | | |
| please specify | | |
| | | |
| water access | | |
| please describe the parking and docking facilities and the approximate distance of these facilities from the subject land and the nearest public road | | |
| | | |
| | | |

| Type of Water Supply | Existing | Proposed |
|--|----------|----------|
| municipally operated piped water system | | |
| privately owned/operated individual well | | |
| privately owner/operated communal well | | |
| other public road | | |
| lake or other water body | | |
| please specify | | |
| | | |
| other means | | |
| please specify | | |
| | | |

| Type of Storm Water Control | Existing | Proposed |
|-----------------------------|----------|----------|
| storm drainage sewer | | |
| ditch | | |
| swale | | |
| other means | | |
| please specify | | |
| | | |

| Type of Sewage Disposal | Existing | Proposed |
|--|----------|----------|
| municipally operated sanitary sewers | | |
| privately owned/operated individual septic | | |
| privately owned/operated communal septic | | |
| privy | | |
| other means | | |
| please specify | | |
| | | |

| Utilities | Existing | Proposed |
|-------------------|----------|----------|
| hydro | | |
| natural gas | | |
| telecommunication | | |

7. PLANNING HISTORY OF THE SUBJECT LAND

Has the subject land or land within 120 metres of it, ever been the subject of a Zoning By-law Amendment, Minor Variance, Plan of Subdivision or Consent, Official Plan Amendment, Site Plan or Ministers Zoning Order?

Yes No Unknown

If yes, specify the file number, the name of the approval authority considering it, the land it affects, its purpose, its status and its effect on the requested amendment.

Has there ever been an industrial or commercial use, including gas station on the subject land or adjacent lands?

Yes No

If yes, please specify

Is there a reason to believe the subject lands have been contaminated by former uses on the site or adjacent lands?

Yes No

If yes, please specify

Has there ever been waste disposal on the subject land or adjacent lands?

Yes No Unknown

If yes, please specify

8. OTHER APPLICATIONS

Does the application require an Official Plan Amendment, Zoning By-law Amendment, Severance, Minor Variance, Site Plan Approval, or Plan of Subdivision/Condominium?

| | | |
|------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
|------------------------------|-----------------------------|----------------------------------|

If yes, please specify

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9. DEVELOPMENT EXPECTATIONS

Please indicate your expectations regarding development timelines

| | |
|-----------------------------------|--|
| Planning Approval Date | |
| Commencement of Construction Date | |
| Completion Date | |

10. AUTHORIZATION OF OWNER

If the Applicant is not the Owner of the land that is the subject of this application, the written authorization of the Owner that the Applicant is authorized to make the application must be included with this form.

11. CONSENT OF OWNER TO THE USE AND DISCLOSURE OF PERSONAL INFORMATION

I, _____, am the owner of the land that is the subject of this application and for the purposes of the Freedom of Information and Privacy Act, I authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of The Planning Act for the purposes of processing this application.

Personal information contained in this form, collected and maintained pursuant to *The Planning Act*, will be used for the purpose of responding to the Application and creating a public record. The Owner’s Signature acknowledges that “personal information [is] collected and maintained specifically for the purpose of creating a record available to the general public;” per Section 14(1)(c) of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M. 56.

The applicant acknowledges that the Township considers the application forms and all supporting materials, including studies and drawings, filed with this application to be public information and to form part of the public record. With the filing of an application, the applicant consents to the Township photocopying and releasing the application and any supporting material either for its own use in processing the application or at the request of a third party, without further notification to or permission from the applicant. The applicant also hereby states that it has authority to bind its consultants to the terms of this acknowledgement. Questions regarding the collection of information should be directed to the Clerk of the Township of Tay, 705-534-7248, ext 240.

| | | | |
|-------|--|---------------------|--|
| Date: | | Signature of Owner: | |
|-------|--|---------------------|--|

Please submit with this pre-consultation request form, a copy of a legible concept plan on a minimum of 11" x 17" size paper and a digital copy of the plan. The concept plan must be prepared to scale including such items as proposed servicing, roads and buildings, structures, parking areas, setbacks and lot lines. If available, a survey of the subject lands should also be provided.

Should you have any studies or reports already completed to date, please submit a copy of each study or report with your pre-consultation request form, or you can provide the studies or reports to the municipality at the date of the pre-consultation meeting.

Please submit your complete Request for Pre-Consultation Form and Concept Plan to:

**The Township of Tay
Planning Department
450 Park Street
Victoria Harbour, Ontario L0K 2A0
Email: planning@tay.ca**

If you have any questions regarding the pre-consultation process, please contact the Township of Tay Planning Department at 705-534-7248 ext. 220.