



**THE CORPORATION OF THE TOWN OF WASAGA BEACH**

**PLANNING DEPARTMENT**

**REQUEST FOR PRE-CONSULTATION**

<b>OFFICE USE ONLY</b>			
DATE RECEIVED:		FILE NO.	
<b>FEES: Pre-Consultation for Site Plan and Minor Zoning Relief</b>			<b>\$500.00</b>
<b>Pre-Consultation for OPA, Subdivision and Major Zoning Relief</b>			<b>\$1,000.00</b>

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.

**1. TYPE OF APPLICATION**

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

**2. CONTACT INFORMATION**

**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?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify		
Has there ever been waste disposal on the subject land or adjacent lands?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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
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If yes, please specify


**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 Town 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 Town 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 Town of Wasaga Beach, 705-429-3844, ex 2223.

Date:		Signature of Owner:	
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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 Town of Wasaga Beach  
Planning Department  
30 Lewis Street  
Wasaga Beach, Ontario L9Z 1A1  
Email: [planning@wasagabeach.com](mailto:planning@wasagabeach.com)**

**If you have any questions regarding the pre-consultation process, please contact the Town of Wasaga Beach Planning Department at 705-429-3847.**