



Pre-Consultation Form

Office Use Only	
Application Number	
Date Received	
Date Complete	
Roll Number	
Pre-consultation Application Fee	\$2500.00
Fee Received	
Date Received	
Fee	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit <input type="checkbox"/> Debit

1.0 General Information

1.1 Applicant(s) Name: _____

Address: _____
 PO Box Street Name & Number City Province Postal Code

Telephone: _____ Mobile: _____

Email: _____

1.2 Owner(s) Name (If Different From Above): _____

Address: _____
 PO Box Street Name & Number City Province Postal Code

Telephone: _____ Mobile: _____

Email: _____

1.3 Agent's Name & Firm: _____

Address: _____
 PO Box Street Name & Number City Province Postal Code

Telephone: _____ Mobile: _____

Email: _____

Please submit a list as a separate appendix of any additional individuals or firms that will be working on this application (e.g. Planners, Engineers, Surveyors, Solicitors) if you wish.

1.4 The primary contact for all matters relating to this application (pick one)

- Applicant Owner Agent

1.5 The legal name or registered business responsible for all matters relating to invoicing for this application.

Name: _____

Address: _____
 PO Box Street Name & Number City Province Postal Code

Telephone: _____ Mobile: _____

Email: _____

2.0 Application Type & Property Details

2.1 Application Type(s):

- OPA ZBA Site Plan Plan of Subdivision
 Plan of Condominium Other: _____

2.2 Subject Property Details	
Legal Description	
Municipal Address	
Roll Number	
Size of Property (Hectares)	
Road Access: (Provincial, County, Municipal, etc.)	

2.3 Official Plan & Zoning By-law:

Current Official Plan Designation of the subject lands: _____

Current Zoning of the subject lands: _____

3.0 Details of the Proposal

3.1 Proposed Land Uses

Proposed land use(s): _____

Number of units/blocks proposed: _____

Proposed Official Plan designations (if different): _____

Proposed Zoning (if different): _____

4.0 Planning Policy Framework & Other Approvals

4.1 Is the subject land currently or has it been the subject of an application for approval of any of the following:

Plan of Subdivision/Condominium Consent Minor Variance

Zoning By-law Amendment Minister's Zoning Order Official Plan Amendment

If you checked any of the above, please complete the fields below for all **past and concurrent** applications:

Application One

Application type: _____ File No. _____ Status: _____

Approval Authority: _____ Land Affected: _____

Purpose of the application: _____

Application Two

Application type: _____ File No. _____ Status: _____

Approval Authority: _____ Land Affected: _____

Purpose of the application: _____

5.0 Additional Information to Accompany Application

5.1 Proposed Concept Plan and/or Site Plan Attached: Yes No

6.0 Agreement

The Applicant/Agent hereby agrees that he/she shall reimburse the Township of Springwater on demand for all costs incurred by the Township of Springwater in processing this application over and above the application fee, including, but without limiting the foregoing, the costs of planning assessment, legal fees, peer review costs, and engineering fees.

The Owner/Agent hereby declare that I have read and understand the information set out in Section 8 of this Application.

Date

Signature of Applicant/Agent

7.0 Authorization of Owner

7.1 Signature of Owner: _____