



THE CORPORATION OF THE
CITY OF ST. CATHARINES

www.stcatharines.ca

PO Box 3012, 50 Church Street

St. Catharines, ON L2R 7C2

Tel : 905.688.5600 | Fax: 905.688.5873

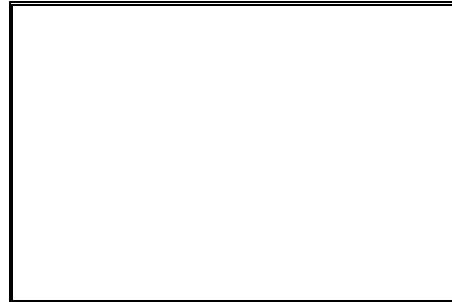
TTY: 905.688.4TTY (4889)

PLANNING AND BUILDING SERVICES

Planning Services

FORMAL PRE-CONSULTATION APPLICATION

AMANDA NO: _____PE



PREAMBLE

Formal pre-consultation with the City is required prior to the submission of an application for an Official Plan Amendment, Zoning By-law amendment, draft plan of subdivision, draft plan of condominium, or site plan control.

1. Three (3) copies of dimensioned concept Plans, including a site plan, based on an actual survey by an Ontario Land Surveyor Indicating the location, size and use of land, buildings or structures, parking areas, loading spaces and entrances/exits, and the location of all natural features. (Plans to be folded to 8½ x 14" size).
2. One (1) digital scalable pdf format copy of the plan.
3. One (1) copy of the completed application form.
4. Application Fee \$ _____

All information is to be forwarded to
Planning and Building Services
City of St. Catharines
Box 3012, City Hall
50 Church Street
St. Catharines, ON L2R 7C2 Phone
No. (905) 688-5601 ext. 1660 Fax
No. (905) 688-5873
E-mail: pbs@stcatharines.ca

PLEASE PRINT ALL INFORMATION

1. APPLICANT INFORMATION

APPLICANT: _____

MAILING ADDRESS: _____

CONTACT PERSON IF A NUMBERED COMPANY: _____

TELEPHONE NUMBER: _____

EMAIL: _____

2. AGENT INFORMATION

AGENT: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL: _____

3. PROPERTY LOCATION AND DESCRIPTION

Municipal Address: _____

Legal Description of the lands (Lot and Registered Plan or Concession).

Dimensions of subject property:

i) Lot (Street) frontage _____ feet _____ metres

ii) Depth _____ feet _____ metres

iii) Area _____ feet _____ metres

Present use of land

4. TYPE OF PROPOSED DEVELOPMENT

Be as specific as possible in describing how the land and proposed buildings and structure will be used. Please advise if the proposed development is to be a condominium development.

5. DETAILS

Total No. of residential units in the plan _____

Type of project: Commercial Residential Industrial Institutional Other

No. of hectare of Commercial?

No. of hectare of Industrial?

No. of hectare of Institutional?

No. of hectare of Residential?

6. DECLARATION

I, _____ of the City of
_____, solemnly declare that:

All statements contained in this application are true, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as it made under oath and by virtue of the Canada Evidence Act.

For the purposes of the FREEDOM OF INFORMATION AND PROTECTION OF 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 and correspondence purposes. Questions about this collection should be directed to The City Clerk, City of St. Catharines, 50 Church Street, St. Catharines, Ontario L2R 7C2, telephone 905-688-5600.

Declared before me at the _____ of)
_____)
_____)
in the _____))
of _____))
this _____ day of _____, 20 ____)

Signature of Owner or Authorized Agent

A Commissioner

Name of Owner or Authorized Agent

Position/Title

Signature

Date

Corporate Seal