

The Township of Brock 1 Cameron St. E., P.O. Box 10 Cannington, ON L0E 1E0 705-432-2355 Planning@brock.ca

## PRE-CONSULTATION REQUEST FORM

Owner Information					
Name:					
Address:					
Phone:		Email:			
Applicant Information (if different than owner) *include owner authorization form					
Name:					
Address:					
Phone:		Email:			
Subject Property Description:					
Municipal Address:					
Lot/Concession:					
Assessment Roll No (if known):					
Legal Description (if known):					
Lot Area (m <sup>2</sup> ):		Lot Frontage (m):			
OP Designation:					
Existing:		Proposed:			
Zoning:					
Existing:		Proposed:			
Infrastructure:					
Water Supply:	Private		Municipal Water □		
Sewage Disposal:	Private $\square$		Municipal Sewers		

inis is a pre-consultation meeting request for (check all that apply):					
Official Plan   Amendment	Zoning By-law ☐ Amendment	Site Plan Approval □	Other (specify): $\square$		
Have you had any p	evious discussions wit	h Planning Staff with resp	ect to this proposal?		
Yes □		No □			
If yes, with who have	you consulted?				
Have you had any proposal?	evious discussions with	h Durham Region Plannin	g Staff with respect to		
Yes □		No □			
If yes, with who have	you consulted?				
Has this land been t	he subject of any other	application under the Plar	nning Act?		
If yes, please list the f	ile number(s):				
Proposal Details (prov	vide a detailed summary):				
Pre-Consultation Fees	<u> </u>				
Township of Brock:	Major - \$700	Minor -	\$350		
Payable by cheque (ma	de out to the Township of B	rock) or cash/debit at the mun	icipal office		
Lake Simcoe Region (	Conservation Authority:	\$750			
Payable by cheque (made out to the Lake Simcoe Region Conservation Authority)					

## **Submission Details**

Please submit the pre-consultation form and plan(s) by email to <a href="mailto:Planning@brock.ca">Planning@brock.ca</a> and pay the applicable Pre-consultation Fee(s) to the applicable agencies.