



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 ²):	Lot Frontage (m):	
OP Designation:		
Existing:	Proposed:	
Zoning:		
Existing:	Proposed:	
Infrastructure:		
Water Supply:	Private <input type="checkbox"/>	Municipal Water <input type="checkbox"/>
Sewage Disposal:	Private <input type="checkbox"/>	Municipal Sewers <input type="checkbox"/>

