



## PRE-CONSULTATION REQUEST FORM

<b>Owner Information</b>	
Name:	
Address:	
Phone:	Email:
<b>Applicant Information (if different than owner)</b> *include owner authorization form	
Name:	
Address:	
Phone:	Email:

<b>Subject Property Description:</b>		
Municipal Address:		
Lot/Concession:		
Assessment Roll No (if known):		
Legal Description (if known):		
Lot Area (m <sup>2</sup> ):	Lot Frontage (m):	
<b>OP Designation:</b>		
Existing:	Proposed:	
<b>Zoning:</b>		
Existing:	Proposed:	
<b>Infrastructure:</b>		
Water Supply:	Private <input type="checkbox"/>	Municipal Water <input type="checkbox"/>
Sewage Disposal:	Private <input type="checkbox"/>	Municipal Sewers <input type="checkbox"/>

