



PLANNING ACT APPLICATION

PRE-CONSULTATION REQUEST

The personal information collected on this form is collected under the authority of the Planning Act, RSO 1990, c.P.13 and will be used only to process this form. Questions about the collection of personal information should be directed to the Town of Georgina Clerk's Department.

Communication should be sent to: Applicant Owner Agent
(please check appropriate box)

1. APPLICANT INFORMATION:

Surname		First Name	
Name:			
Street Number		Street Name	
Address:			
Unit Number			
Municipality:		Province:	Postal Code:
Phone:	Fax:	Email:	

2. OWNER INFORMATION *(if different from applicant):*

Surname		First Name	
Registered Land Owner:			
Street Number		Street Name	
Address:			
Unit Number			
Municipality:		Province:	Postal Code:
Phone:	Fax:	Email:	

3. AGENT INFORMATION:

Firm Name:		
Surname		First Name
Contact Name:		Position
Street Number		Street Name
Address:		
Unit Number		
Municipality:		Province:
Postal Code:		
Phone:	Fax:	Email:

4. DESCRIPTION OF SUBJECT LAND *(complete the applicable lines):*

Street Number	Street Name	Unit Number
Site Address:		
Registered Plan Number:	Lot/Block Numbers:	
Assessment Roll Number: (if known)	Conc. & Lot Number:	
Reference Plan Number:	Part Numbers:	

5. PROPERTY INFORMATION:

(i) Describe the Current Land Uses on the Property:

(ii) Current Zoning: _____

Does the proposed use comply with the existing zoning / provisions? Yes No

If “No”, explain amendment(s) needed: _____

(iii) Current Official Plan/Secondary Plan Designation:

Does the proposed use conform to the existing land use designation / policies? Yes No

If “No”, explain amendment(s) needed: _____

(iv) **Lot Area:** _____ (sq m or ha) **Lot Frontage:** _____ (m)

(v) **Are there any encumbrances on the property?** Yes No
(e.g. easements, encroachments, etc.)

If “Yes”, please list encumbrances: _____

(vi) **Describe the current buildings or structures on the property, and the natural features and vegetation on the property and adjoining the property:** (Should further space be required for responses, or to provide additional information to assist staff in considering the proposal, please provide by attachment.)

(vi) **Provide a detailed description of the proposed development:** (Should further space be required for responses, or to provide additional information to assist staff in considering the proposal, please provide by attachment.)

6. OWNER'S AUTHORIZATION:

I/We, _____ being the **registered owner(s)** of the subject lands, hereby authorize (*print name of agent*), _____
_____ to submit the above pre-consultation request form to the Town of Georgina and to appear on my/our behalf at any meetings with respect to this matter and to provide any information required by the Town relevant to this application.

Date _____

OWNER(S) SIGNATURE

Please print and sign name(s) _____ / _____
Signature Signature Print Print

_____ / _____
Signature Signature Print Print

Note: Original signature(s) are required for the record. In the case of a corporation, the signature(s) must be that of an officer(s) with authority to bind the corporation.

7. CONSENT FOR RELEASE OF INFORMATION:

In accordance with the provisions of the Planning Act, RSO 1990, c.P13, as amended, I understand that all information and material that is submitted with any application shall be made available to the public. In submitting this application and any supporting materials or information, I hereby acknowledge the above-noted and provide my consent in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, RSO 1990, c.M56, as amended, that all information, documents, drawings and plans provided with this application by myself, my agents, consultants and solicitors, will be part of the public record and will also be made available to the general public.

Date _____

OWNER(S) SIGNATURE

Please print and sign name(s) _____ / _____
Signature Signature Print Print

_____ / _____
Signature Signature Print Print

Note: Original signature(s) are required for the record. In the case of a corporation, the signature(s) must be that of an officer(s) with authority to bind the corporation.

8. PERMISSION TO ENTER:

The applicant acknowledges that a site walk may be required in order to view the property and its relation to the surrounding lands, and in this regard authorizes members of Council (or a representative thereof), Town staff, Peer Review Consultants retained by the Town, and relevant External Agency Review Staff to enter onto the subject property for the purpose of evaluating the merits of the application.

Date _____

OWNER(S) / AGENT(S) SIGNATURE

Please print and sign name(s) _____ / _____
 Signature Print

_____ / _____
 Signature Print

Note: Original signature(s) are required for the record. In the case of a corporation, the signature(s) must be that of an officer(s) with authority to bind the corporation.

9. SUBMISSION CHECKLIST

- 1) The "Pre-Consultation Guide" has been read by the applicant/owner/agent Yes ___ No ___
- 2) One (1) print copy of an 11" x 17" size drawing **drawn to scale** illustrating **all** items as noted on the Pre-Consultation Guide have been submitted. Yes ___ No ___
- *Note: If submitting drawings larger than 11"x17", please submit ten (10) copies* Yes ___ No ___
- And Where Possible** One (1) electronic copy has been submitted. Yes ___ No ___
- 3) One (1) print copy of additional information/material have been submitted (*if applicable*) Yes ___ No ___
- And Where Possible** One (1) electronic copy has been submitted Yes ___ No ___

Completed by:

 Applicant/Agent/Owner

 Date

THIS SECTION IS FOR OFFICE USE ONLY

10. CONTEMPLATED APPLICATION TYPE

- Official Plan Amendment
- Plan of Subdivision / Condominium
- Zoning By-law Amendment
- Site Plan Control

Date Received _____ Staff Contact _____
 Phone/Ext. No. _____ Pre-Cons. File No. _____