

Town of Lakeshore Development Services 419 Notre Dame Street Belle River, ON N0R 1A0 Main Line (519)-728-2700 Fax (519)-728-4577 Web: www.lakeshore.ca

TOWN OF LAKESHORE PRE-CONSULTATION FORM (November, 2010)

. APPLICANT INFORMATIO	N	
Name:		
Address:		
City:	Postal Code:	Email:
Phone:	Fax:	Email:
Name of Owner(s) (if d Address:		
City:	Postal Code:	
Phone:	Fax:	Email:
Name of Agent (if appli Address:		
City:	Postal Code:	
Phone:	Postal Code: Fax:	Email:
Communications shoul DESCRIPTION OF THE SU	d be sent to: Applicant ☐ Owner UBJECT PROPERTY	r □ Agent □
Local Municipality:		
Civic Address:		
Legal Description (Lot,	Block, Concession, Plan #):	
Size of Property (Hecta	ares, Acres):	
Access: Provincial Hig	hway □ County Road □ Local Roa	ad 🗆 Other 🗆
. CURRENT LAND USES		
Describe the current us	ses on the property:	
Current land use desig	nation in County Official Plan:	
Current land use desig	nation in Local Official Plan:	
Current zoning:		
. PROPOSED LAND USES		
Proposed land use(s):		
Number of units/blocks	proposed:	
Proposed land use des	ignation (if different from current):	
Has there ever been ar	n industrial or commercial use, includ	ing gas station on the subject land or
adjacent lands? Yes □	No ☐ Specify:	
Is there reason to belie	ve the subject lands have been conta	aminated by former uses on the site or
	No ☐ Specify:	
	aste disposal on the subject land or a	
	rovide MOE Certificate of Approval #	:
Identify any supporting	reports prepared to date:	

6. STATUS

If the application is also subject to a local official plan amendment, zoning by-law amendment, plan of subdivision or condominium, site plan control, consent or minor variance application, please specify:

7. SERVICING

Water supply will be provided by:
☐ Municipal piped and operated supply
☐ Private individual well
☐ Private communal well
☐ Other – specify:
Sanitary/sewage disposal will be provided by:
☐ Municipal owned and operated sewers/treatment facility
☐ Privately owned and operated individual septic system
☐ Privately owned and operated communal collection system
☐ Other – specify:
Storm drainage will be provided by:
☐ Municipal storm sewers
☐ Swales, ditches
□ Other – specify:

8. ADDITIONAL INFORMATION TO ACCOMPANY APPLICATION

Include a copy of a concept plan on letter, legal or 11x17" size paper.

(eg. lot size, footprint of buildings, setbacks, parking spaces, aisle widths, garbage location, fencing, landscaping, outside storage areas, etc.) – Must be to scale

The pre-consultation meeting:

- Identifies the necessary planning approvals required to allow the project to proceed;
- Addresses any process or timing questions;
- Identifies any potential technical issues and requirements that may impact the viability of the project, and;
- Confirms the necessary supporting studies and information that will be required with the submission of the application.

The purpose of this form is to identify the information required to commence processing of a development application, as well as any information required during the processing of the application. Any comments made at the Pre-consultation Meeting are subject to further review and circulation of a complete application and will not imply or suggest any decision to either support or refuse the application. Upon receipt of a complete pre-consultation form and concept plan, Planning Services staff will contact the Applicant or their Agent to arrange a pre-consultation meeting and will provide written comment following the meeting. The pre-consultation form and concept plan should be submitted to the Planning Services Department at the following address:

Town of Lakeshore 419 Notre Dame Street Belle River, ON N0R 1AO

If you have any questions regarding the pre-consultation process, please contact:

Kim Darroch, MCIP, RPP
Manager of Development Services

Phone: 519-728-2700 ext. 245