Town of Lakeshore Development Services 419 Notre Dame Street Belle River, ON NOR 1A0



Main Line(519)-728-2700 Fax (519)-728-4577

Web: www.lakeshore.ca

Town Of Lakeshore Pre-Consultation Form (November, 2010)

1. Type of application			
2. Applicant Information			
Name:			
Address:			
City:		de:	
Phone:			
Name of Owner(s) (if different	from Applicant):		
Address:			
City:			
Phone:			
Name of Agent (if applicable):			
Address:			-
City:	Postal Code:		
Phone:			
Communications should be set 3. Description of the Subject		□ Owner [⊐ Agent
Local Municipality: Civic Address:			
Legal Description (Lot, Block, Size of Property (Hectares, A	•		
Access: Provincial Highway	✓ □ County Road	☐ Local Road	☐ Other
4. Current Land Uses			
Describe the current uses on Current land use designation Current land use designation Current Zoning:	in County Official Plan	:	

5. Proposed Land Uses Proposed land use(s): Number of units/blocks proposed: _ Proposed land use designation (if different from current): _____ Has there ever been an industrial or commercial use, including gas station on the subject land or adjacent lands? ☐ Yes ☐ No Specify: _____ Is there reason to believe the subject lands have been contaminated by former uses on the site or adjacent lands? ☐ Yes ☐ No Specify: __ Has there ever been waste disposal on the subject land or adjacent lands? ☐ Yes ☐ No If yes, provide 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 amendmet, planof 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 NOR 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