THE TOWNSHIP OF PAPINEAU-CAMERON REQUEST FOR PRE-CONSULTATION

OFFICE USE ONLY – DATE RECEIVED:

OWNER INFORMATION				
Registered Property Owner (Full Name):				
Street Address:				
City:	Province:		Postal Code:	
Telephone:	Email:			
APPLICANT INFORMATION (required if Applicant is NOT the Owner)				
Applicant Name/Company:				
Applicant is: ☐ Agent ☐ Solicitor ☐ Planning Consultant ☐ Architect ☐ Contractor ☐ Other				
Street Address:				
City:	Province:		Postal Code:	
Telephone:	Email:			
PROPERTY INFORMATION				
Municipal/Street Address:				
Lot/Concession:		Registered Plan:		
Assessment Roll No.:				
Lot Area (hectares):		Lot Frontage (metres):		
Current zoning:		Current OP designation:		
Heritage Designated or Listed?				
Water Supply: Private Municipal Sewage Disposal: Private Municipal				
Are there any encumbrances on the property? (eg. easements) If yes,				
list encumbrances:				

PROPOSED DEVELOPMENT DESCRIPTION				
(please check ☐Official Plan	lication			
Proposed Zonir	ng:	Proposed OP Designation:		
		1		
APPLICANT SIGNATURE				
enter the subject process this reconstruction	ect property for the purpos	e of conducting visual surveys		
Owner/Authoriz (please print)	•	er/ Authorized Agent nature)	Date	
•	REQUIREMENTS ocuments and materials are	e required to be submitted with a	a Request for Pre-	
	Completed Request for Pre-	Consultation form		
Owner Authorization Form (if applicant is acting on behalf of property owner)				
 One (1) electronic copy of a Conceptual Site Plan outlining existing and/or proposed structures and features (ie. parking areas, natural features) 				
One (1) electronic copy of a legal survey or sketch prepared by an Ontario Land Surveyor or other professional that clearly identifies the following in metric units:				
 Parcel or portion of land subject to the application, including any easements 				
 Building dimensions, setbacks and lot coverage of all existing structures 				

- Location of private well and sewage disposal system (if applicable)

AUTHORIZATIONS

If the applicant is not the owner of the land that is the subject of this application, the written authorization of the owner that the applicant is authorized to make the application must be included with this form or the authorizations set out below must be complete.

Autho	ization of Owner for Agent to make Application			
I,, am the registered owner of the land that is the subject of this requested meeting and I authorize to make this application on my behalf, and for the purpose of the pre-consultation process for these lands. The agent will provide my Personal Information (PI) that will be included in this application or collected during the processing of the application.				
Date:	Signature of Owner:			
	Consent of the Registered Owner			
Complete the consent of the regis authorization of each owner in the	tered owner concerning personal information set out below (or the written case of shared ownership).			
request for a pre- consultation me Information (PI) to any person or p	, am the registered owner of the land that is the subject of this eting. I authorize and consent to the use or the disclosure of the Personal public body. I also agree to allow the Township, its employees and agents to enterpurposes of conducting surveys, inspections, and tests that may be necessary to			
Date:	Signature of Owner:			
Freedom of Information and Prote will form part of the public record a	cted on this form under the authority of the Municipal Act and the Municipal ction of Privacy Act (MFIPPA). Please note that personal information collected and is public information subject to the MFIPPA regulations and may be published public consultation processes. Questions about the collection of personal CAO/Clerk-Treasurer.			
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	Acknowledgment			
	at full disclosure of the issues has taken place with respect to the proposal before tion and studies must be submitted in order to constitute a complete application.			
Date:	Signature:			