

# PRE-CONSULTATION FORM

PRE-CONSULTATION FOR:  Official Plan Inquiry  
 Subdivision Inquiry

Consent  
 \_\_\_\_\_

Name of Property Owner(s):
Mailing Address:
Postal Code:
Telephone; Fax:
E-mail:
Response should be mailed to the Owner(s): Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Agent: (if applicable)
Mailing Address:
Postal Code:
Telephone; Fax:
E-mail:
Response should be mailed to the Agent: Yes <input type="checkbox"/> No <input type="checkbox"/>

An inquiry submitted by an agent will not be processed without a letter of authorization from the owner. Owner's Authorization attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
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**DESCRIPTION OF SUBJECT LAND:**

<b>Lot:</b>	<b>Conc:</b>	<b>Geographic Township:</b>	<b>Municipality:</b>
<b>Civic Address:</b>			

**SUMMARY OF PROPOSAL:**


**If proposal involves a severance, information regarding the land intended to be severed and the land to be retained is required:**

		Severed	Retained
<b>Dimensions</b>	Frontage (m)		
	Depth (m)		
	Area (ha)		
<b>Use of the Property</b>	Existing Use(s)		
	Proposed Use(s)		
<b>Buildings or Structures (Must be shown on sketch)</b>	Existing		
	Proposed		

**ADDITIONAL INFORMATION:**

<b>Available Services ( ✓ if applicable)</b>		<b>Proposed Services ( ✓ if applicable)</b>		
<input type="checkbox"/> Well	<input type="checkbox"/> Septic	<input type="checkbox"/> Well	<input type="checkbox"/> Septic	
<b>Type of Road Access ( ✓ if applicable)</b>				
<input type="checkbox"/> Provincial Highway	<input type="checkbox"/> Year-Round Municipal Road	<input type="checkbox"/> Seasonal Municipal Road	<input type="checkbox"/> Unregistered Private Road	<input type="checkbox"/> Registered Right-of-Way
<b>Adjacent Farm Uses</b>				
Are there any barns which house or are capable of housing livestock and/or permanent manure storage facilities within 1000 metres (0.62 miles) of subject property?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Minimum Distance Separation data sheets will need to be completed for those barns and/or permanent manure storage facilities. The forms are available at our office at the address below.		
<b>Sketch (a sketch no larger than 8 ½ by 14 inches must be returned with this form and must include the following information)</b>				

- Boundaries and dimensions of subject land
- Boundaries, dimensions and area of lands to be severed and retained. Outline severed in red, retained in green, lot being added to in blue and private rights-of way in yellow.
- Distance from all existing buildings and structures on subject property to nearest lot line
- Distance between the subject land and nearest landmark (i.e. railway, road intersection, township lot line)
- The approximate location of all natural and artificial features on the subject land and adjacent lands, such as watercourses, drainage ditches, river or stream banks, wetlands and wooded areas
- Location and name of any roads within or abutting the subject lands and indicate if it is an unopened road allowance, public travelled road, private road or right-of-way
- Location and nature of any easement(s) affecting the subject land

**NOTES:**

The Township of South Algonquin will respond to this inquiry with recommended next steps. Approval of pre-consultation is not pre-approval of an application. If a formal application is submitted, new information and other policies may also be identified at that time, including those by a commenting agency or the public. The Township of South Algonquin will endeavour to respond to this inquiry within 3 to 4 weeks. The response will be delayed if the information required on this form is not fully completed.

One of the purposes of the Planning Act is to provide for planning processes that are open, accessible, timely and efficient. Accordingly, all written submissions, documents, correspondence, e-mails or other communications (including your name and address) form part of the public record and will be disclosed/made available by the Township of South Algonquin to such persons as the Township of South Algonquin sees fit, including anyone requesting such information. Accordingly, in providing such information, you shall be deemed to have consented to its use and disclosure as part of the planning process.

**Return this form and your sketch by fax or mail to the attention of:**

**Tracy Cannon  
Planning & Building Administrator  
7 Third Avenue, P.O. Box 217  
Whitney, ON  
K0J 2M0  
613-637-2650 ext. 203  
operations@southalgonquin.ca**

## **COSTS OF APPLICATION**

**(MUST be signed in the presence of a Witness):**

I/We \_\_\_\_\_ and \_\_\_\_\_  
*Name of Owner(s)* *Name of Owner(s)*

Of the Township of South Algonquin in the District of Nipissing hereby acknowledge receiving and reviewing the Township of South Algonquin's Schedule of Fees By-Law related to planning matters. I further understand and agree to be bound by the fees and specifically agree that I shall pay full cost recovery for any planning matters listed in the fee schedule.

I/We understand and agree that the Fee submitted with this application covers only the anticipated processing cost (i.e. review by Township Staff, Public Meeting etc.). It is further understood and agreed that any additional costs or requirements, incurred and charged by the Municipality (i.e. Township Planner, Legal or Engineering Fees, Ontario Land Tribunal hearing costs, Agreements, Special Studies, other Approvals or Applications and any other related matters), will be my/our responsibility to pay and/or reimburse the Municipality for same. Failure to pay all associated costs shall result in refusal of this application and if not paid forthwith after being invoiced, I/We agree that fees may be added to my municipal tax bill and collected by the Municipality in the same manner such as municipal taxes, or by any other means legally available to the Municipality.

### **DECLARED before me/us at the**

**City/Town/Municipality** of \_\_\_\_\_ in the **County/Region/District**  
of \_\_\_\_\_

**this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
*Signature of Owner(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Owner(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*

**OWNER(S) AUTHORIZATION OF AGENT**

**(Only required if the applicant or agent is not the registered owner):**

I/We \_\_\_\_\_ and \_\_\_\_\_  
*Name of Owner(s)* *Name of Owner(s)*

Of the Township of South Algonquin in the District of Nipissing.

Registered owner of \_\_\_\_\_  
*Property Description*

Do hereby authorize \_\_\_\_\_  
*Name(s) of Authorized Agent(s)*

To act as my (our) agent for the purposes of this application.

\_\_\_\_\_  
*Signature of Owner(s)* *Date*

\_\_\_\_\_  
*Signature of Owner(s)* *Date*

\_\_\_\_\_  
*Signature of Witness* *Date*