



Pre-Permit Zoning Proposal Review

TO BE COMPLETED BY OWNER

OWNER'S DETAILS

Date: _____

Owner's Name: _____ Phone _____ No.: _____

Project Address: _____

Legal Description: _____ Roll No.: _____

Mailing Address: _____

E-Mail: _____

PROPOSED CONSTRUCTION:

This form is for Zoning purposes only – Please apply for a Building Permit once Zoning has been approved

PROPERTY'S DETAILS (OFFICE USE) Zoning: _____

Provision	Required	Proposed	Meets Bylaw Requirement	
			Yes	No
Required Minimum (m ²)				
Front Yard Setback (m)				
Rear Yard Setback (m)				
Exterior Sideyard Setback (m)				
Interior Sideyard Setback (m)				
Setback from Water (m)				
Maximum Height (m)				
Maximum Lot Coverage (%)				

Staff's Notes :

OTHER REQUIREMENTS	YES	NO
Municipal Services		
Committee of Adjustment Required		
Subject to Clean Water Act		
Conservation Authority Required		
M.D.S Calculation Required		
Applied for Building Permit?		

Reviewed By: _____

Date: _____