



Zoning Compliance Form

For all building permit applications

Updated: August 21, 2023

For Use by City Staff Only

Application Number:

Date Received:

Date Application Received Complete:

Staff:

Files must be unsecured and not password protected in PDF format. If the property was subject to site plan control, please submit the approved site plan as stamped and signed by the Director of Planning, Building and Development for review. This zoning review is valid for 3 months from the date of approval. A new certificate must be obtained if there are any zoning changes during this time. If the property is impacted by NPCA regulated lands, NEC, and has/ or shall have a private sewage system (Niagara Region), approvals from these respective authorities shall be required with the building permit application.

A. DRAWING REQUIREMENTS FOR ALL SUBMISSIONS:

☐ Site Plan

☐ Elevations

☐ Floor Plans

B. PROPERTY INFORMATION / LEGAL DESCRIPTION OF THE SUBJECT LANDS:

Municipal Address / Roll Number or PIN: _____

Lot No(s): _____ Concession No.: _____

Registered Plan: _____ Part(s): _____

Reference Plan: _____ Lot(s)/Block(s): _____

C. DETAILED PROJECT DESCRIPTION: _____

D. TYPE OF CONSTRUCTION/ PROPOSED USE:

☐ Residential

☐ Multi- Residential

☐ Commercial

☐ Industrial

☐ Institutional

☐ Mixed Use

☐ Government

☐ Other: _____

E. SCOPE OF WORK:

☐ New Construction

☐ Addition to an existing building

☐ Renovations/ Alterations

☐ Demolition

☐ Other: _____

F. CONTACT INFORMATION:

Applicant is: ☐ Owner or ☐ Authorized Agent of Owner (if selected complete and attach authorization form)

Last Name: _____ First Name: _____ Corporation or Partnership: _____

Street Address: _____ Unit No. _____ Lot/Con: _____

Municipality: _____ Postal Code: _____ Province: _____

Telephone Number: _____ Cell Number: _____ Email: _____

G. Owner (if different from applicant)

Last Name: _____ First Name: _____ Corporation or Partnership: _____

Street Address: _____ Unit No. _____ Lot/Con: _____

Municipality: _____ Postal Code: _____ Province: _____

Telephone Number: _____ Cell Number: _____ Email: _____

H. ZONING INFORMATION:

Zoning Designation: _____

Zoning Amendments: ☐ Yes ☐ No If yes, Amendment No: _____Subdivision Agreement: ☐ Yes ☐ No If yes, Subdivision name: _____ M-Plan: _____Condominium Agreement: ☐ Yes ☐ No If yes, Condominium number: _____Site Plan Agreement: ☐ Yes ☐ No If yes, Site plan number: _____Consent: ☐ Yes ☐ No If yes, file number: _____Committee of Adjustment: ☐ Yes ☐ No If yes, file number: _____**I. BUILDING DETAILS:**

DETAIL	EXISTING	NEW	TOTAL
Number of Suites / Units			
Building Area	m ²	m ²	m ²
Gross Floor Area	m ²	m ²	m ²
Area to be renovated or altered	m ²	m ²	m ²
Area of Basement	m ²	m ²	m ²
Area of Basement to be finished	m ²	m ²	m ²
Area of Accessory Building	m ²	m ²	m ²
Area if attached / detached deck	m ²	m ²	m ²
Area of deck that is covered by a roof	m ²	m ²	m ²
Number of Storeys Above Grade			
Occupant Load			
Lot Coverage	%	%	%
Number of Seats (Dining/ Drinking Establishments)			

J. DECLARATION OF APPLICANT

I _____ declare that:
(print name)

1. The information contained in this application, and attached plans is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Date

Signature of applicant

CITY STAFF AUTHORIZATION

Zoning has been authorized by:

Zoning Administrator/ Plan Examiner (Print Name)

Signature

Date:



Authorized Agent Authorization Form

Updated: August 2023

A. PROPERTY INFORMATION / LEGAL DESCRIPTION OF THE SUBJECT LANDS:

Municipal Address or Roll Number or PIN: _____

Lot No(s): _____ Unit No.: _____

B. PARTY TO BE AUTHORIZED

Last Name: _____ First Name: _____ Corporation or Partnership: _____

Street Address: _____ Unit No. _____ Lot/Con: _____

Municipality: _____ Postal Code: _____ Province: _____

Telephone Number: _____ Cell Number: _____ Email: _____

C. DECLARATION OF OWNER

I, _____, being the Registered Owner of the above property hereby authorize the party stated in Section B of this form to make an application for a zoning compliance form on my behalf to the Planning Department of the City of Niagara Falls.

Date: _____ Signature: _____
