

Preconsultation with City Planning staff is required under By-law 2009-170. Preconsultation identifies the information required to commence the processing of a development application. Preconsultation does not imply or suggest any decision whatsoever on behalf of City staff or the City of Niagara Falls to either support or refuse the application.

Submission

Complete and return this form and the required supporting material to the Planning Department. Once City Staff are in receipt of a completed form and the required material, a pre-consultation meeting will be scheduled. Pre-consultation meetings are typically held on the first and third Thursday afternoons of every month. They are on a first come, first serve basis. A \$500 fee is required with the submission of this form. This fee will be deducted from your application fee when/if an application is submitted within 1 year of the pre-consultation meeting.

FOR STAFF USE ONLY	
Date of Submission:	Meeting Scheduled For:
Submission Requirements:	
Completed Form	<input type="checkbox"/>
Conceptual Plan	<input type="checkbox"/>
Required Fee	<input type="checkbox"/>

PLEASE SUBMIT THIS FORM AND ANY REQUIRED ATTACHMENTS TO:
planning@niagarafalls.ca

Application Form

1. SUBJECT PROPERTY INFORMATION	
Street Address:	
Legal Description (Lot, Concession, Registered Plan, etc.):	
Existing Use of Subject Property:	
Land Area (ha):	Lot Frontage:
Official Plan Designation:	Zoning:
Are there any past or present Planning Applications on the subject lands? (i.e. Official Plan Amendment, Zoning By-law Amendment, Site Plan, Consent, Minor Variance)	

2. CONTACT INFORMATION
Owner Information
Registered Owner(s): (please indicate names exactly as shown on the Transfer Deed of Land)
Mailing Address: (Street address, unit number, city & postal code)
Phone Number:
E-mail Address:

CITY OF NIAGARA FALLS PRE-CONSULTATION REQUEST FORM

Applicant/Agent Information (if applicable)
First and Last Name(s):
Mailing Address: (Street address, unit number, city & postal code)
Phone Number:
E-mail Address:
Contact for all future correspondence (select one): <input type="checkbox"/> Registered Owner <input type="checkbox"/> Authorized Agent

3. TYPE OF APPLICATION

This is a pre-consultation meeting request for (check all that apply):

<input type="checkbox"/> Official Plan Amendment	<input type="checkbox"/> Zoning By-law Amendment
<input type="checkbox"/> Draft Plan of Subdivision	<input type="checkbox"/> Draft Plan of Condominium
<input type="checkbox"/> Site Plan Control	<input type="checkbox"/> Consent

Please provide a detailed description of the proposal (use additional sheet if necessary):

Please include a drawing in pdf format illustrating the following:

- Location of property and immediate surroundings (including property dimensions)
- Use of adjoining lands
- Location of existing and proposed structures and features (i.e. accesses, parking, septic [if applicable], road allowances, watercourses, drainage ditches and natural features (trees and vegetation)
- Existing and proposed lot fabric (if applicable)
- Relevant zoning information, including proposed setbacks from lot lines and significant natural features, building heights, lot coverage, landscaped area, dimensions for parking spaces and aisle widths
- Other relevant information, as appropriate, to assist staff in understanding the proposal

4. DECLARATION

I, _____ certify that the information provided in this document is true to the best of my knowledge, that all required supporting documentation has been enclosed and submitted with this form, and that this information can be shared with various agencies and departments as part of the planning review process.

Further, by submitting this application, I agree to allow the City of Niagara Falls, its employees and agents to enter the subject property for the purpose of conducting site visits that may be necessary to process this request.

Date: _____

Signature: _____