

For Use by City Staff Only

Application Number: _____

Received by: _____ Date: _____

Application ☐ Complete ☐ Exempt: (reason) _____

Zoning: ☐ R1 / ☐ R2 / ☐ R3 11-4-221000-680000

☐ Other: _____ 11-4-811000-710000

Planning Dept. Date Received Stamp

- Please include the following with your submission:**

☐ Site Plan

☐ Elevations

☐ Floor Plans

Note: failure to submit all documents and complete all the information in this form will deem application incomplete and will be returned to the applicant.

- Please print clearly and legibly.
- All drawings to be drawn to scale, fully dimensioned, signed and dated.
- All drawings, reports, and forms, including the completed Zoning Compliance form must be provided in a PDF format.
- The Zoning Confirmation Certificate includes a maximum of **three** reviews.

A. Property Information / Legal Description of the Subject Lands:

Municipal Address (or Roll Number or PIN): _____

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

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

Zoning Designation: _____

Confirmed by (staff name) : _____ Date: _____

B. Applicant Information:

Contact Name (first/last): _____

Corporation or Partnership: _____

Street Address: _____ Unit No. _____

Municipality: _____ Province: _____

Postal Code: _____ Phone Number: _____

Email (please print): _____

C. Owner Information (if different from applicant):

Contact Name (first/last): _____

Corporation or Partnership: _____

Street Address: _____ Unit No. _____

Municipality: _____ Province: _____

Postal Code: _____ Phone Number: _____

Email (please print): _____

☐ If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

Print Name (first/last): _____ Signature: _____

D. Zoning Information:Zoning Amendments: ☐ Yes ☐ No If yes, Amendment No: _____Subdivision Agreement: ☐ Yes ☐ No If yes, Subdivision name: _____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: _____**E. Detailed Project Description:****F. Existing Use:**

- ☐ Residential
☐ Multi-Residential
☐ Commercial
☐ Industrial
☐ Institutional
☐ Mixed Use
☐ Government
☐ Other: _____

Proposed Use:

- ☐ Residential
☐ Multi-Residential
☐ Commercial
☐ Industrial
☐ Institutional
☐ Mixed Use
☐ Government
☐ Other: _____

Scope of Work:

- ☐ New Construction
☐ Addition to existing building
☐ Renovation / Alteration
☐ Demolition
☐ Liquor Licence
☐ Other: _____

G. Existing and Proposed Building/Alteration Details (metric):

The Niagara Falls Zoning By-law can be found at the following link if you require further information: <https://niagarafalls.ca/city-hall/planning/zoning.aspx>

	Existing (m ²)	New (m ²)	Total (m ²)
Number of Dwelling/Commercial Units			
Building Area			
Gross Floor Area (area within outer walls)			
Area to be renovated or altered			
Total Area of Basement			
Area of Basement to be finished			
Area of Accessory Building			
Area of attached / detached deck			
Area of deck that is covered by a roof			
Landscaped Open Space			
Lot Coverage (%)			
Number of Storeys Above Grade			
Number of Seats (food and beverage establishments, places of worship or entertainment, etc.)			
• Interior			
• Exterior			
Number of Parking Spaces			

H. Declaration of Applicant/Owner:

I, (print first/last name): _____ hereby declare the following: (please read and check all boxes)

- ☐ That statements contained in this request form are true and made with full knowledge of all relevant matters and of the circumstances connected with this request.
- ☐ That the information included in this request and in the documents filed with this request are correct.
- ☐ That the plans and specifications submitted are prepared for the construction or alteration of the building or buildings described and are submitted in compliance with copyright law.
- ☐ That I understand that this review does not alleviate the need to comply with the Building Code Act, 1992, the Ontario Building Code, and all applicable By-laws and Regulations.
- ☐ Files submitted are unsecured and not password protected in PDF format.
- ☐ If the property was subject to site plan control, I have submitted 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.
- ☐ This zoning compliance application is for zoning review purposes only and a building permit or site plan application are still required.
- ☐ The property is impacted by one of the following approval authorities, NPCA, NEC, NPC, MTO, or the Niagara Region (private sewage/septic system), and approvals from these authorities will be submitted with building permit or site plan application.

Date: _____ Signature of Applicant: _____
Written/digital

City Staff Authorization:

Zoning has been authorized by:

Signature: _____ Date: _____

This is to advise that the examination of the proposal submitted complies with the City's Zoning Bylaw. The examination did not include a review of other applicable law that may be required for the issuance of a future permit. This declaration is solely based on the information provided and does not preclude you from complying with any Zoning Bylaw amendments that may affect your proposal in the future.