

CITY OF SARNIA

Community Services Planning Department

PRE-APPLICATION CONSULTATION REQUEST FORM

Office Use Only	Date Received: (Date Stamp)		
Application Fees:	See Online Fe	See Online Fees Schedule	
	URL: sarnia.ca	n/planning-building-department-fees	
Method of Paymer	nt: Fees can be po	aid online. Follow the link on the Pre-Application rebpage.	
	Hall. Fees und	be paid by cheque mailed or couriered to City er \$5000 can be paid by credit or debit card at City it card over the phone.	
	(519-332-0330	ext. 3301)	
1. General Informa	<u>ition</u>		
Subject Property:			
A. Registered Owr	ner		
Name: I have the legal au	thority to bind the	corporation)	
Address:			
Phone:		Email:	
			
B. Applicant (if dif	ferent from abov	e)	
Name: Authorized to act o	n behalf of the cor	poration)	
Nddross:			
Phone:		Email:	
C. Agent (if differe	nt from above)		
Name:	•	Email:	
			

2. Application Type

If you know what type of Planning Application(s) you will need to apply for after the Pre-Application Consultation process has completed, please select them below. If you do not know, please select "unknown".

	Unknown	
A. Mandator	y Pre-Application Consultation Request (select all that apply)	
	Official Plan Amendment	
	Zoning By-law Amendment	
	Site Plan Control Agreement	
	Plan of Subdivision	
	Plan of Condominium	
B. Non-Man	datory Pre-Application Consultation Request (select all that apply)	
	Committee of Adjustment (minor variance or consent)	
	Building Permit	
	Other (please specify):	
3. Application	on Details	
A. History		
Have you had previous discussions with Staff regarding this development proposal?		
	Yes Date:	
	No	
If yes, who ha	ave you consulted with?	
	Planning	
	Engineering	
	Building	
	Fire	
	St. Clair Region Conservation Authority	

Other (please specify):

B. Proposal Details Please provide a detailed description of the proposal. Please attach additional information on separate sheets (or as a separate digital attachment if submitting online) as required. Please provide site plan(s) and/or drawing(s) as necessary to explain the proposal. Please identify any particular issues or questions that you wish staff to address in this consultation. By submitting this Request Form, I agree to allow the City of Sarnia, its employees and agents to enter the subject property for the purpose of assessing the merits of this preapplication consultation request. I further agree to maintain all vegetation on site, including woodlots, and shall not cut or destroy any vegetation or regrade the site during the processing of this request.

Owner/Applicant Name (Print)

Owner/Applicant Signature

Date Completed

255 Christina St. North PO Box 3018 Sarnia ON N7T 7N2 519-332-0330 ext. 3301 www.sarnia.ca planning@sarnia.ca