



### PRE-CONSULTATION Form

- Official Plan Amendment
- Zoning By-law Amendment
- Plan of Subdivision/Condominium (circle)
- Severance (Consent)
- Minor Variance
- Other:

A Pre-Consultation Meeting with Town Staff is required prior to the submission of a Planning Department Application for an Official Plan Amendment, Zoning By-law Amendment, Minor Variance, Plan of Subdivision, Plan of Condominium, Severance or Site Plan. The Pre-Consultation *process* allows the Applicant to present the Pre-Consultation Application and concept plans to the Town and provides Town Staff the opportunity to:

- 1) Clarify the application process with the Applicant;
- 2) Identify key issues and provide preliminary written comment (circulated after the meeting);
- 3) Identify and confirm the necessary plans, supporting studies and any other information that would be required for a Complete Application at such time as a formal Application is made.

**Please note:** Any technical comments made during the pre-consultation process are preliminary and subject to further circulation and review at the time a complete development application is submitted. Participating in the pre-application consultation process does not allow for construction on the proposed development site.

**Pre-consultation does not imply or suggest any decision on behalf of Town Staff or the Corporation of the Town of Kearney.**

#### REGISTERED OWNER INFORMATION:

Name of Owner(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### AGENT INFORMATION (if applicable):

Name of Agent: \_\_\_\_\_  
 Company/Firm: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**CORRESPONDENCE:** Please specify to whom all correspondence should be sent:  Owner  Agent

#### LOCATION OF PROPERTY:

Lot: \_\_\_\_\_ Conc.: \_\_\_\_\_ Township: \_\_\_\_\_ Plan/Pcl/Etc.#: \_\_\_\_\_  
 Property Roll No.: 4918 - 0  0 - 00  -      - 0000  
 Civic Address: \_\_\_\_\_

#### PAST PLANNING ACT APPLICATIONS:

Are you aware of any previous *Planning Act* applications on the property?  Yes  No If Yes, please explain:  
 Type of application(s): \_\_\_\_\_  
 Date(s): \_\_\_\_\_

#### DESCRIPTION OF PROPERTY:

Lot area: \_\_\_\_\_ Lot Frontage: \_\_\_\_\_ Water Frontage: \_\_\_\_\_ Lot Depth: \_\_\_\_\_  
 Existing Use of Property: \_\_\_\_\_  
 Existing Official Plan Designation: \_\_\_\_\_ Existing Zone(s): \_\_\_\_\_  
 What buildings are currently located on the property (if any). Please explain:  
 \_\_\_\_\_

#### Summary of Proposal:

\_\_\_\_\_  
 \_\_\_\_\_  
 (attach additional pages if necessary)

**Return this form and your sketch by: FAX: (705)-636-0527,  
 MAIL: Town of Kearney, 8 Main St., Box 38 Kearney, ON P0A 1M0  
 E-MAIL: admin@townofkearney.ca**

If proposal involves a Severance, the following information is required:

**ADDITIONAL INFORMATION:**

	Retained	Severed 1	Severed 2	Severed 3
<b>Dimensions:</b>				
Frontage(m)				
Depth (m)				
Area (ha)				

<b>Property Use:</b>				
Existing				
Proposed				

<b>Buildings or Structures</b>				
Existing				
Proposed				

Adjacent Uses (If yes, MDS required )	Farm/Agriculture	Aggregate	Industrial	Other
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Include SKETCH with the following information:**

1. Boundaries and dimensions of subject land. If a severance application, boundaries, dimensions, and area of lands to be severed and retained.
2. Distance from all existing buildings and structures on subject property(s) to nearest lot line.
3. Approximate location of all natural and artificial features on the land(s) i.e. watercourses, drainage ditches, wetlands, wooded areas.
4. Location and name of any roads. Indicate if an unopened road allowance, public travelled road, private road, or right-of-way.
5. Location of waterbodies, including rivers, within or abutting the subject lands.
6. Location and nature of any easements(s) and/or right-of-way(s) affecting the subject land.

**For Office Use Only**

Certified by \_\_\_\_\_, that this application has undergone a pre-consultation with the Staff of the Town of Kearney to determine the information required to prepare a complete application.

**Pre-consultation Fee Paid**

Staff Initials: \_\_\_\_\_



### PRE-CONSULTATION Form

- |   |  |
|---|--|
| <input type="checkbox"/> Official Plan Amendment                  | <input type="checkbox"/> Severance (Consent) |
| <input type="checkbox"/> Zoning By-law Amendment                  | <input type="checkbox"/> Minor Variance      |
| <input type="checkbox"/> Plan of Subdivision/Condominium (circle) | <input type="checkbox"/> Other:              |

#### PERMISSION TO ENTER

I hereby authorize the Elected Members of Town Council and Town Staff, to enter upon the subject lands and premises for the limited purpose of evaluating the merits of this Application. This is their authority for doing so.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Registered Owner(s) or Agent

#### PAYMENT OF FEE AND DEPOSIT (As per the Current Fees and Charges By-law)

- Application Fee
- Residential DEPOSIT Fee
- Commercial/Industrial/Institutional DEPOSIT Fee

#### COST ACKNOWLEDGEMENT

The DEPOSIT shall be used for all expenses incurred with regard to this Application. I hereby agree to pay for and bear the *entire cost and expense* for Consultants (i.e. planning, legal) and their services required by the Town of Kearney during the processing of this Application, in addition to the Application Fee. An additional deposit shall be required if the deposit is insufficient to complete the Application.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Registered Owner(s) or Agent

**Note:** All Invoices for payment shall be sent to the Registered Owner of this Application, unless otherwise requested.

If the Applicant/Owner is a Corporation, the Applicant/Owner shall provide certification that he/she has the authority to Bind the Corporation.

#### AFFIDAVIT

I, \_\_\_\_\_, registered owner of the subject lands, declare that all of  
(print name)  
the above information is true and accurate.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Registered Owner(s) or Agent

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return this form and your sketch by: **FAX: (705)-636-0527,**  
**MAIL: Town of Kearney, 8 Main St., Box 38 Kearney, ON P0A 1M0**  
**E-MAIL: admin@townofkearney.ca**