

REQUEST FOR ZONING COMPLIANCE LETTER

APPLICANT INFORMATION

Name:		
Address:		Unit #:
City:	Province:	Postal Code:
Phone:	Fax:	E-Mail:

SUBJECT PROPERTY ADDRESS INFORMATION:

Same as Applicant Address

Address:		Unit #:
Legal Description (if available):		
City:	Postal Code:	
Re:		

PLEASE INDICATE TIME REQUIREMENT: (CHECK ONLY ONE)

<input type="checkbox"/> Regular (5 Business Days) \$90.65	<input type="checkbox"/> Rush (Within 48 Hours) \$139.14
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PLEASE INDICATE WHICH INFORMATION YOU WOULD LIKE: (CHECK ALL THAT APPLY)

- Zoning Designation & Permitted Uses
- Official Plan Designation
- Committee of Adjustment
- Site Plan Control Status
- By-laws Pertaining to the *Planning Act* - Section(s): _____
- Rezoning Applications
- Zoning Enforcement
- Two-Unit Registration Applications
- Other: _____

ENCLOSED SURVEY: (MUST BE READABLE - SETBACKS, SIGNATURES & DATES)

Yes No

PREFERRED METHOD OF REPLY: (CHECK ALL THAT APPLY)

- Fax
- Email Including PDF of Document
- Regular Mail

AUTHORIZATION:

Signature of applicant:	Date:
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OFFICE USE ONLY:

Received by:	Date:
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Payment type: Debit Cash Cheque