

## 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"/> <b>Regular</b> (5 Business Days) <b>\$92.46</b>	<input type="checkbox"/> <b>Rush</b> (Within 48 Hours) <b>\$141.92</b>
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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