



## PLANNING & DEVELOPMENT SERVICES DEPARTMENT

32 Mill Street  
Thornbury, ON N0H 2P0  
519.599.3131  
[www.thebluemountains.ca](http://www.thebluemountains.ca)

### PRE-CONSULTATION GUIDE

As permitted under the *Planning Act*, Town Bylaw 2009-35 requires that Applicants to consult with the Town before submitting a development application for the following types of applications:

- Site Plan Control
- Plan of Subdivision / Condominium
- Zoning By-law Amendment
- Official Plan Amendment

Prospective applicants are required to meet with Town Staff prior to the submission of the above noted *Planning Act* applications. Pre-consultation meetings are administered by the Town's Planning and Development Services Department and may include the involvement of other Town departments and external agencies.

The pre-consultation meeting allows the applicant and/or their representative(s) to present and discuss the development proposal with relevant staff. It also provides staff with the opportunity to clarify the application process, to provide preliminary comments about the proposal, to identify key issues and to confirm the supporting information/materials (e.g. drawings, reports, studies, etc.) that are to be submitted with the planning application(s), in accordance with the Town of The Blue Mountains policies, by-laws, standards and guidelines in order to be considered a COMPLETE APPLICATION under the *Planning Act*.

**Note: The Town reserves the right to refuse a Pre-consultation Application with missing or incomplete information or if the fee is not paid (subject to the Town's fee update). A meeting for such a Pre-consultation Application will not be scheduled until the missing or incomplete information is received or the fee is paid.**

To arrange for a *Planning Act* pre-consultation meeting complete this Pre-Consultation Application in its entirety and return it to the Planning and Development Services Department.

### CONCEPT PLAN REQUIREMENTS FOR PRE-CONSULTATION

Pre-Consultation Applications are to include intended land uses, number/size/use of proposed/existing units and lots and blocks, a concept site plan sketch of the proposed development, and any other information that may be useful for the preliminary review of the proposal. A concept/draft plan is required that illustrates the proposal and information relating to:

## Town of The Blue Mountains Planning Pre-consultation Form 2

- Property Location (including lot lines)
- Proposed/Existing Official Plan designation and Proposed/Existing Zoning
- Detailed Description of the Proposed Use(s)
- Proposed Lots, Blocks, Street Pattern, if applicable
- Building Outlines (new and existing footprints with dimensions)
- Proposed Building Density (i.e. coverage, units per hectare)
- Parking Area locations and Access Points
- Site Statistics under Zoning including Lot Area, Setbacks, Lot Coverage, Building Height(s), Building Floor area, number of required/provided parking spaces
- Landscape Buffer Requirements
- Any Special Zoning provisions requested

For reference see: The Town of The Blue Mountains Official Plan, The Blue Mountains Comprehensive Zoning By-law 2018-65, and The Blue Mountains Community Design Guidelines 2012. Visit the Planning and Development Services section of the Town's website for further information:

[www.thebluemountains.ca/planning-services.cfm](http://www.thebluemountains.ca/planning-services.cfm)

For questions on completing this form please call: 519-599-3131 extension 263 or email

[planning@thebluemountains.ca](mailto:planning@thebluemountains.ca)



# Planning Department

## Pre-Consultation Application

**FOR OFFICE USE ONLY:**

Date Application Received: \_\_\_\_\_ Planner Assigned: \_\_\_\_\_

**APPLICANT INFORMATION**

Date: \_\_\_\_\_

Registered Owner: \_\_\_\_\_

Registered Owner Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Applicant E-mail Address: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_

Authorized Agent Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized Agent E-mail Address: \_\_\_\_\_

| PROPOSAL INFORMATION   |   |   |  |
|--|---|---|--|
| <b>Project Start Date:</b>   |   |   |  |
| <b>Project Name:</b>   |   |   |  |
| <b>Property:</b>   | <b>Legal Description:</b>   |   |  |
|  | <b>Municipal Address:</b>   |   |  |
|  | Frontage (m): _____ Depth (m): _____ Area (m <sup>2</sup> ): _____  |   |  |
| <b>Proposal Type:</b>  | <input type="checkbox"/> Official Plan Amendment<br><input type="checkbox"/> Zoning By-law Amendment<br><input type="checkbox"/> Site Plan Approval | <input type="checkbox"/> Draft Plan of Subdivision/Condominium<br><input type="checkbox"/> Unsure |  |
| <b>Does the subject property have any easements/restrictive covenants?</b>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | If yes, please provide additional information:  |  |
| <b>Description of Property:</b><br>(summary of existing property details including uses/buildings, parking, access, surrounding land uses, etc.) |   |   |  |
| <b>Description of Proposed Works:</b><br>(summary of proposed site changes, new buildings or uses, extent of works)                              |   |   |  |
| <b>Previous informal discussions with Town Planning Staff:</b>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <b>If yes, indicate staff name:</b>   |  |

**Town of The Blue Mountains Planning Pre-consultation Form 5**

|  |   |   |  |
|--|---|---|--|
| <b>Current Official Plan Designation:</b>  |   | <b>Proposed Official Plan Designation:</b>                  |  |
| <b>Current Zoning:</b>   |   | <b>Proposed Zoning:</b>                                     |  |
| <b>Conservation Authority Jurisdiction:</b>  | <b>GSCA</b>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>Within the Niagara Escarpment Plan Area:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|  | <b>NVCA</b>   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>Within a Source Protection Plan Area:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No    |
| <b>How is the subject property accessed?</b>   |   |   |  |
| <b>What servicing is available?</b>  |   |   |  |
| <b>What stormwater system is available?</b>  |   |   |  |
| <b>Is the Subject Property in a Secondary Area / Water in-take Area</b>                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>If yes, please provide additional information:</b>       |  |
| <b>Has the Subject Property been subject to previous applications?</b>                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>If yes, what is the status of those files?</b>           |  |
| <b>Other Constraints?</b><br><br>(Natural Features, Contaminated Sites, Source Water Protection, etc.) |   |   |  |

**OWNER AUTHORIZATION FOR AGENT**

I/we \_\_\_\_\_ authorize \_\_\_\_\_ to act as our agent(s) for the purpose of this application.

\_\_\_\_\_  
Signature of Owner

DATED at the \_\_\_\_\_ of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

**OWNERS AUTHORIZATION FOR ACCESS**

I/we, \_\_\_\_\_ of the \_\_\_\_\_ in the \_\_\_\_\_ hereby permit Town staff and its representatives to enter upon the premises during regular business hours for the purpose of performing inspections of the subject property.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Witness

**DECLARATION**

IN THE MATTER of the application for the development of the lands as described above, I/We have examined the contents of this application and certify as to the correctness of the information submitted, insofar as I have knowledge of these facts.

I, \_\_\_\_\_, of the \_\_\_\_\_ in the \_\_\_\_\_

**SOLEMNLY DECLARE THAT:**

All above statements and the statements contained in all of the exhibits transmitted herewith are true. **AND** I make this solemn Declaration conscientiously believing it to be true, and knowing that is of the same force and effect as if made under oath.

DECLARED before me at the \_\_\_\_\_ in the \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Owner/Applicant/Agent

\_\_\_\_\_  
Signature of Commissioner