



## **Town of Aurora**

### **Pre-application Consultation Request Form**

#### **Planning and Development Services Development Planning Division**

Phone: 905-726-4700  
Fax: 905-726-4736  
Email: [planning@aurora.ca](mailto:planning@aurora.ca)



## Pre-application Consultation Request

### For Office Use Only

|  |                |
|--|----------------|
| Application Received By:                   |                |
| Application File Number:                   | Date Received: |
| Assigned Application File Name:            |                |
| Other Application Numbers on the Property: |                |
| Agency Notification Sent:                  |                |

This Application Form is available in digital format on the Town’s Website under Planning and Development Services or please contact [planning@aurora.ca](mailto:planning@aurora.ca) via e-mail or by calling 905-726-4700 for a copy. A processing fee in the amount specified on the Fee Calculation Worksheet shall be made payable to **The Town of Aurora (Cheque)** and must be submitted with this Application Form. Please note that this fee is **non-refundable**, regardless of the outcome pertaining to this request. Planning Application Forms will not be accepted unless the full Application fee and required material is received.

### 1. Location and Description of Property

Municipal Address \_\_\_\_\_  
(If applicable)

Legal Description \_\_\_\_\_

Other \_\_\_\_\_

Area \_\_\_\_\_(hectares) \_\_\_\_\_(acres)

Frontage \_\_\_\_\_(meters) \_\_\_\_\_(feet)

Depth \_\_\_\_\_(meters) \_\_\_\_\_(feet)

### 2. Owner/Applicant/ Information

Registered Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_



## Pre-application Consultation Request

**Company:** (If the property is owned by a company)

Company Name \_\_\_\_\_

Company Principal \_\_\_\_\_

Representative \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Agent(s):** (Required if 'Applicant' is not the 'Owner')

Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### 3. Existing Property Information

Describe the current use \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe buildings or structures on the property, including natural features \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Pre-application Consultation Request

### 4. Use of Surrounding Lands

Current Official Plan Designation \_\_\_\_\_

Does the proposal comply with the Current Official Plan Designation \_\_\_\_\_

Current Zoning \_\_\_\_\_

Does the proposal comply with the current Zoning \_\_\_\_\_

### 5. Detailed description of proposed development:

#### Proposed Application Type

Official Plan Amendment

Minor     Major

Site Plan Application

Minor     Major     Stable Neighbourhood Review

Radiocommunication Tower/Antenna

Zoning By-law amendment

Minor     Major     Hold Removal     Temporary use

Plan of Subdivision

Plan of Condominium

Other: \_\_\_\_\_

Describe the proposed development \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## Pre-application Consultation Request

### 6. Permission to Enter

The Applicant acknowledges that a site visit may be required and authorized the Town Staff to enter onto the subject lands for the purpose of reviewing this Application.

Applicant Signature \_\_\_\_\_ Dated \_\_\_\_\_

### 7. Fee Calculation Device

Are the applicable fees attached?  Yes  No

Is the Fee Calculation Worksheet completed and attached?  Yes  No

Comment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Pre-application Consultation Request**

**Affidavit**

|   |                        |
|---|------------------------|
| I/We  | of the Municipality of |
| In the Region of  |                        |
| solemnly declare that all the statements contained in this Application Form are true, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of <i>The Canada Evidence Act</i> . |                        |
| SWORN before me at the (City/Town)  | of(Municipality)       |
| in the (Region, if Applicable)  | of                     |
| This  | day of , 20            |
| Owner/Agent or Applicant  |                        |
|   |                        |
| Commissioner for Taking Affidavits, etc.  |                        |



**Pre-application Consultation Request**

**Authorization of Owner**

|  |       |
|--|-------|
| I/We,  |       |
| The registered Owner(s) hereby authorize (Name of Agent or person authorized to sign this Application Form)  |       |
| to act as our Agent to sign this Application Form, to appear on my/our behalf at any hearing(s) in respect of the Application and to provide any information or material required by the Town in connection with this Application Form and I/We hereby authorize the Town to collect such information from my/our Agent. |       |
| Address  |       |
| Legal Description  |       |
| Signature(s) of Owner(s)   |       |
| Name of corporation  |       |
| Name   | Title |
| Dated this        day of        , 20   |       |
| Signing Officer Signature and Corporation seals, if applicable   |       |
| Per Name of corporation  |       |
| Name   | Title |
| I/We have the authority to bind the corporation  |       |



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## Pre-application Consultation Request

### Public Record Notice and Release

**Public Record Notice:** Pursuant to the section 1.0.1 of the *Planning Act*, R.S.O. 1990, c. P.13, all information and material required in support of your Application will be made available to the public.

I understand and agree that my personal information, as well as any other information and material including, but not limited to, drawings, studies, plans, affidavits, etc., provided on this application form and/or required as part of this application, will be used to create a record that is available to the general public and I do hereby authorize and consent to the release, disclosure, copying and distribution of any such information and/or material to any person or public body.

I also understand and agree that The Corporation of the Town of Aurora (the "Town") is not responsible for protecting and/or enforcing copyrights or any other intellectual property rights that might attach to any information or material provided or submitted as part of this application.

By signing below, I agree to the foregoing and I also agree to release, waive and forever discharge the Town from all actions, claims, demands, losses, costs, damages, suits, proceedings or liabilities whatsoever related to: (a) the collection, handling and release of any information provided on this form and/or required as part of this application; and (b) any copyright or intellectual property rights that might attach to any information or material submitted as part of this application and made available to the public by the Town pursuant to section 1.0.1 of the *Planning Act*.

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Signature of Owner

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Date





100 John West Way  
 Aurora, Ontario  
 L4G 6J1  
 (905) 726-4700  
 aurora.ca

Town of Aurora

# Fee Calculation Worksheet

Planning and Development Services

## Pre-Application Consultation Application

This Form must be completed by Applicant for calculation of fees

| Breakdown of Fees  |                         |
|--|-------------------------|
| Calculations   | Total                   |
| Pre-Application Consultation Fee:  | \$ 436.00               |
| For the Application file to be complete, the required Application Fee must be paid in full before any processing of the Application will commence. |                         |
| <b>Total Fee Amount</b>  | <b>\$ 436.00</b>        |
| Staff use only   |                         |
| File Name: _____ File Number: _____  |                         |
| Property Address / Legal Description: _____  |                         |
| General Ledger Number 1-3-08101-1128 (PREAPP)  |                         |
| Verification of Fees:<br>Indicate Correct Total  | <b><u>\$ 436.00</u></b> |
| Staff Name: _____  | Date: _____             |