



## DEVELOPMENT SERVICES

### REQUEST FOR ZONING COMPLIANCE LETTER

#### APPLICANT INFORMATION

Name:

Address:

Unit #:

City/Town:

Province:

Postal Code:

Phone:

Fax:

E-Mail:

#### SUBJECT PROPERTY ADDRESS INFORMATION:

Address:

Unit #:

Legal Description (if available):

City/Town:

Postal Code:

Roll Number:

#### PLEASE INDICATE WHICH INFORMATION YOU WOULD LIKE: (CHECK ALL THAT APPLY)

- ☐ Zoning Designation & Permitted Uses
- ☐ Official Plan Designation
- ☐ Property Standards Orders/Municipal Bylaw Violations
- ☐ Other (Please Specify) \_\_\_\_\_

#### 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:

#### OFFICE USE ONLY:

Received by:

Date:

Payment type: ☐ Debit ☐ Cash ☐ Cheque

Amount: \$100

The information on this form is gathered in accordance with various statutes of the Province of Ontario. This form will be used by the municipality for administrative purposes and will be distributed to municipal departments as necessary for reply. All information of a personal or private nature is protected by the Municipal Freedom of Information and Protection of Privacy Act, RSO 1990, Chapter M.56. Any or all the information contained on this form may be subject to disclosure under the Act if circumstances warrant. Questions about this collection should be directed to the Clerk.