

The Corporation of The Town of Collingwood Preconsultation Application



TO: The Corporation of the Town of Collingwood ("Town")  
 Mailing Address: P.O. Box 157, Collingwood, ON L9Y3Z5  
 C/o Planning Services  
 Courier: 55 Ste. Marie Street, Unit 302

FILE NO.: D00 \_\_\_\_\_  
 (Municipal Use)

**APPLICATION FOR:**

Preconsultation meeting on proposed land development  
 Enclosed herewith the flat fee of: **\$540.00**

**NOTE: Our flat fee is non-refundable and payable upon submission of the application.**  
 The above application fees have been adopted and approved under By-law No. 2018-090 by the Council of the Town of Collingwood.

A **Conceptual Site Plan** is required for site plan control preconsultation discussions and must be created being mindful of the Towns' Official Plan, Zoning By-law and the documents below which must be consulted for development in Collingwood:

1. **The Urban Design Manual** which can be found at <http://www.collingwood.ca/files/collingwood-urban-design-manual.pdf> ,
2. **Development Standards** [http://www.collingwood.ca/files/Developmentstandards\\_0.pdf](http://www.collingwood.ca/files/Developmentstandards_0.pdf) and the
3. **Updated Planting Details** <http://collingwood.ca/files/PlaningDetailForDeciduousConiferousTreesAndShrubs.pdf>

This **Conceptual Site Plan** must include, but not limited to the proposed and/or existing buildings and structures, lot-lines, landscaping areas, parking areas, setbacks, servicing, and roads. Plans are unbound and folded, separately, approximately 8 1/2" x 14" (216mm by 357mm) at this stage we require 2 paper copies as well as digital information.

**The Owner/Applicant/Agent acknowledges and agrees:**

**That all** required application fees shall be paid in cash or by cheque made payable to the Town of Collingwood at the time of submission of the application. In the event that all fees are not paid in full at the time of submission the application shall be deemed incomplete. Your application will be circulated electronically for comments and the applicant further agrees to pay any additional costs and expenses beyond the initial fee, as a result of these circulations, which shall be determined by staff of the Corporation of the Town of Collingwood in the event that the amount of the initial fee taken is insufficient.

**Please indicate what this preconsultation is pertaining to?**

<input type="checkbox"/> An Official Plan Amendment	<input type="checkbox"/> A Zoning By-Law Amendment
<input type="checkbox"/> Site Plan Control	<input type="checkbox"/> Subdivision
<input type="checkbox"/> Condominium	

**TO BE COMPLETED BY APPLICANT:**

**Project Name:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

**Registered Owner & Contact Information (s):**

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Communications are to be sent to the:**

Please indicate if you are the Applicant/Consultant/ or Project Manager?

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Official Plan Designation (existing):** \_\_\_\_\_

**Proposed (if applicable):** \_\_\_\_\_

**Zoning (existing):** \_\_\_\_\_

**Proposed (if applicable):** \_\_\_\_\_

**Is the property affected by the regulations of the following?**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       | Are the subject lands within:   |
| <input type="checkbox"/> | <input type="checkbox"/> | a Secondary Plan Area?  |
| <input type="checkbox"/> | <input type="checkbox"/> | the Town of Collingwood Heritage District   |
| <input type="checkbox"/> | <input type="checkbox"/> | The Nottawasaga Valley Conservation Authority referred to as the NVCA. (The NVCA will review your application and you must contact the NVCA at (705) 424-1479 for the fee amount) |
| <input type="checkbox"/> | <input type="checkbox"/> | The Grey Sauble Conservation Authority (G.S.C.A.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | The Source Water Protection Plan Intake Protection Zone or Wellhead Protection Area   |

**Matters to address:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the subject lands or uses impacted by any current municipal review initiatives?   |
| <input type="checkbox"/> |                          | Due-care will be taken to ensure plans are in agreement between development disciplines to ensure uniformity between all parties?   |
| <input type="checkbox"/> |                          | I understand that all 3 <sup>rd</sup> submission drawings will require a further \$520.00 review fee.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do the lands have full Municipal Services?  |
| <input type="checkbox"/> |                          | I understand that Development Charges for sanitary sewers and water servicing may apply as per By-law No. 2017-080 and 2014-066 which is administered by the Treasury Department. Please contact Mike Switzer, Manager of Finance, for further clarification <a href="mailto:mswitzer@collingwood.ca">mswitzer@collingwood.ca</a>   |
| <input type="checkbox"/> |                          | I understand that this development may be subject to the following:<br>1. Town Development Charges By-law, Simcoe County Development Charges, Education Levy, Black Ash Creek Special Policy Charges<br>2. Civic addressing, also known as 911, is administered by the Building Department. If your project requires addressing please access The Street Naming Policy and Civic Addressing By-Law 2014-028 which is on our website <a href="http://www.collingwood.ca/files/BL2014-028%20Civic%20Addressing_0.pdf">http://www.collingwood.ca/files/BL2014-028%20Civic%20Addressing_0.pdf</a> The Building Department administers these matters. Please contact administration <a href="mailto:lqowan@collingwood.ca">lqowan@collingwood.ca</a> |

**OWNER'S 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: \_\_\_\_\_ of \_\_\_\_\_,  
(City or Town) (Which City or Town)

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**OWNER'S AUTHORIZATION FOR ACCESS**

I/we, \_\_\_\_\_, of the \_\_\_\_\_  
(City or Town)

\_\_\_\_\_ in the \_\_\_\_\_  
(Which City or Town) (Region or County)

hereby permit the Town and its representatives to enter upon the property during regular business hours for the purpose of performing inspections of the property.

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

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

**DECLARATION**

- 1. No works shall be undertaken on the property until the Site Plan Agreement is fully authorized by By-law and Council. Notwithstanding the above, new site works, including filling/grading and the destruction of trees may be advanced subject to permits having been duly issued in accordance with the Fill By-law , as amended No. 03-103 and the By-law to Destroy Trees No. 2012 - 84;

IN THE MATTER of an 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 \_\_\_\_\_  
(City or Town)

of \_\_\_\_\_ in the \_\_\_\_\_  
(Which City or Town) (Region or County)

**SOLEMNLY DECLARE THAT:**

All above statements and the statements contained in all of the exhibits transmitted herewith are true. 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. I am the registered owner of the above-noted property or the agent of the owner duly authorized on the owner's behalf.

DECLARED before me at the \_\_\_\_\_ of \_\_\_\_\_  
(City or Town) (Which City or Town)

in the \_\_\_\_\_ of \_\_\_\_\_ this \_\_\_\_\_  
(Region or County) (Which Region or County)

day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

File No.: \_\_\_\_\_  
(Office Use)

**Contact Information:**

Project Name: \_\_\_\_\_

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

**Agent:**

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

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Solicitor:**

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

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Engineer:**

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

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Landscape Architect:**

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

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Architect:**

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

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Land Line: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Additional Information or Contacts:**

\_\_\_\_\_

**Freedom of Information** Personal information on this form is collected under the authority of the *Planning Act*, R.S.O 1990, c. P.13, as amended and will be used to contact the applicant regarding progress of their application. This information will be used by the Town and relevant agencies for processing of this application and will also be available to members of the public inquiring about the application and is subject to the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M.56, as amended. Questions about this procedure should be directed to Planning Services, Town of Collingwood ("The Library" ) 55 Ste. Marie Street, Unit 302, Collingwood. ON 705-445-1290 Fax: 705-445-1463 Extension: 3269 Our Mailing address is: P.O. Box 157. Collingwood, ON L9Y 3Z5