



Come for a visit. Stay for a lifestyle.

Application for:  
Pre-Consultation Meeting &  
Proposal Review

**Please submit your completed application to:**

Planning Department  
The Municipality of Trent Hills  
66 Front Street South  
P.O. Box 1030  
Campbellford, Ontario  
K0L 1L0

Tel: (705) 653-1900  
Fax: (705) 653-5203  
E-mail: [planning@trenthills.ca](mailto:planning@trenthills.ca)



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## Application for a Pre-Consultation

### Corporation of the Municipality of Trent Hills

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### Complete Applications

We recommend that all applicants are in contact with the Municipality of Trent Hills before submitting the Pre-consultation form. This will allow staff to provide available information and any pertinent policy requirements prior to submitting any fees. Applicants who have sent files and sketches ahead of time as part of an informal review process are not required to attach any files.

Please provide the following:

- One (1) original application (signed).** If an authorized agent is acting on behalf of the owner, the agent may sign the application, provided the authorization section of the application is completed.
- One (1) copy of the Development Inquiry Form** response. (If applicable)
- One (1) copy of the proposal sketch / concept** shall be attached at the back of each copy of the application form.
- The Pre-consultation FEE** is in the current Municipality of Trent Hills Fees and Charges By-Law. **Fees are non-refundable.** If paying by cheque, please make the cheque payable to the Municipality of Trent Hills.
- A Pre-consultation meeting** will be scheduled by staff to obtain additional information related to the proposal. You will be contacted for a meeting date and time once staff have had an opportunity to review the submitted information.

## 1. Owner/Agent/Developer Contact Information

1.1 Applicant Information	
Name:	Primary Phone No.:
	Alternate Phone No.:
	Fax Number:
Address	
Email Address:	

1.2 Authorized Agent/Solicitor Information	
Name:	Primary Phone No.:
	Alternate Phone No.:
	Fax Number:
Address	
Email Address:	

Please specify the person to be contacted about this application:

Owner:  Agent:  Solicitor:

## 2. Subject Land Information

2.1 Location of Subject Land	
Municipality:	Lot Size:
Concession:	Lot No.:
Registered Plan:	Block/Lot No.:
Name of Street:	Street No.:

2.2 Description of Subject Land	
Lot Area:	
Frontage:	Depth:
Existing Use(s):	
Current Zoning Designation:	

2.3 Trent Hills Official Plan Conformity	
Current Official Plan Designation:	
Please explain how the application conforms with the Official Plan Designation:	

2.4 Existing Structures	
Are there any buildings or structures on the subject land? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <b>Yes</b> , how many structures are present:	
Please list the following for the primary structure (i.e. primary dwelling) on the subject land:	
Type/Use:	Height:
<b>Setbacks</b> Front Yard:	Rear Yard:
	Side Yard:
	Lot Coverage:
Please list the following for the secondary structure (i.e. garage/shed) on the subject land:	
Type/Use:	Height:
<b>Setbacks</b> Front Yard:	Rear Yard:
	Side Yard:
	Lot Coverage:
Please list the following for any other relevant structure on the subject land:	
Type/Use:	Height:
<b>Setbacks</b> Front Yard:	Rear Yard:
	Side Yard:
	Lot Coverage:

**2.5 History of Subject Land**

Date acquired by Current Owner:

When were the buildings or structures on the subject lands first built?

How long have the current uses continued on the property?

Are there any easements or restrictive covenants on the subject land?

Yes

No

Unknown

If **Yes**, please describe the covenant/easement and its effect:

**2.6 Previous Applications**

Has there been a previous Consent, Severance, Plan of Subdivision, or Plan of Condominium to the Subject Lands?

Yes

No

If **Yes**, Application Number:

Status of Application:

Has there been a Previous Zoning By-law Amendment, Minor Variance, or Official Plan Amendment to the Subject Lands?

Yes

No

If **Yes**, Application Number:

Status of Application:

Have there been any other previous applications or Minister's Zoning Orders to the Subject Lands?

Yes

No

If **Yes**, Application Number:

Status of Application:

**2.7 Previous Uses of Subject Land**

Have any of the following uses historically taken place on or adjacent to the Subject Lands? (check any that apply):

Gas Station

Industrial Use

Orchard

Laundromat

Dry Cleaner

Earth/Soil Infill

Other (please specify):

### 3. Proposal

#### 3.1 Proposed Uses

Provide a brief description of the proposal: (if more space is required, please indicate proposal description is attached)

### 4. Servicing and Utilities

#### 4.1 Site Access:

How will the subject land be accessed?

- |   |   |
|---|---|
| <input type="checkbox"/> Provincial Highway                   | <input type="checkbox"/> County Highway                       |
| <input type="checkbox"/> Municipal Road Maintained Year-round | <input type="checkbox"/> Municipal Road Maintained Seasonally |
| <input type="checkbox"/> Private Lane/Other                   | <input type="checkbox"/> Water                                |

If access to the subject land will be by water only, please describe the parking and docking facilities used or to be used by the proposed development, and state the approximate distance these facilities are from the subject land and the nearest public road:

#### 4.2 Water Supply

How will Water be provided to the subject land:

- |   |   |
|---|---|
| <input type="checkbox"/> Existing Municipal Water           | <input type="checkbox"/> Proposed Municipal Water           |
| <input type="checkbox"/> Existing Communal Well             | <input type="checkbox"/> Proposed Communal Well             |
| <input type="checkbox"/> Existing Individual Well           | <input type="checkbox"/> Proposed Individual Well           |
| <input type="checkbox"/> Existing Lake/Surface Water Source | <input type="checkbox"/> Proposed Lake/Surface Water Source |
| <input type="checkbox"/> Other (Specify):                   |   |

### 4.3 Sewage Disposal

How will Sewage Disposal be provided to the subject land:

- |  |  |
|--|--|
| <input type="checkbox"/> Existing Municipal Sewage System  | <input type="checkbox"/> Proposed Municipal Sewage System  |
| <input type="checkbox"/> Existing Communal Septic System   | <input type="checkbox"/> Proposed Communal Septic System   |
| <input type="checkbox"/> Existing Individual Septic System | <input type="checkbox"/> Proposed Individual Septic System |
| <input type="checkbox"/> Other (Specify):                  |  |

### 4.4 Stormwater Management

How will stormwater be managed on the subject land?

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Storm Sewers | <input type="checkbox"/> Ditches          |
| <input type="checkbox"/> Swales       | <input type="checkbox"/> Other (Specify): |

## 5. Sketch

### 5.1 Please include a sketch, survey plan, or diagram showing the following:

<input type="checkbox"/>	The boundaries and dimensions of the subject land
<input type="checkbox"/>	The location, size, and type of all existing and proposed buildings and structures on the subject land, indicating the distance of the buildings or structures from the <b>Front</b> yard lot line, <b>Rear</b> yard lot line, and <b>Side</b> yard lot lines.
<input type="checkbox"/>	The approximate location of all natural and artificial features on the subject land and on land that is adjacent to the subject land that, in the opinion of the applicant, may affect the application. (i.e. buildings, railways, roads, watercourses, drainage ditches, river or stream banks, wetlands, wooded areas, wells, and septic systems).
<input type="checkbox"/>	The current uses on land that is adjacent to the subject land.
<input type="checkbox"/>	The location, width, and name of any roads within or abutting the subject land, indicating whether it is an unopened road allowance, a public travelled road, a private road, or a right of way.
<input type="checkbox"/>	If access to the subject land is by water only, the location of parking and docking facilities to be used.
<input type="checkbox"/>	The location and nature of any easement(s) affecting the subject land.

If a detailed plan is not attached, a sketch can be included below:

**6. Additional Information (Optional)**

6.1 Please include any other information that would support the proposed development:

### 7. Signatures

Signature of Applicant:	Signature of Applicant:
Printed Name of Applicant:	Printed Name of Applicant:
Date:	Date:
Signature of Benefitting Property Owner:	Signature of Benefitting Property Owner:
Printed Name of Benefitting Property Owner:	Printed Name of Benefitting Property Owner:
Date:	Date:
Signature of Agent:	Signature of Agent:
Printed Name of Agent:	Printed Name of Agent:
Date:	Date:

Declared before me at the \_\_\_\_\_ of  
 \_\_\_\_\_ in the County of \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

The information on this form is being collected under the authority of section 4 of the *Municipal Freedom of Information and Protection of Privacy Act*. This information will be used for the purpose of processing an access request under the *Act*. Enquiries regarding the collection of this information should be directed to the Office of the Clerk / Freedom of Information Coordinator, Municipality of Trent Hills, 66 Front St. S., Campbellford, Ontario, K0L 1L0, (705) 653-1900.

**For office use only**

**Planning File No.:**

.....

**Pre-consultation Date:**

.....

**Date of Receipt of Application:**

.....

**Date deemed complete:**

.....

**Hearing Date:**

.....

**Checked by:**

.....

**Authorization of Owner Received: Yes  No  N/A**

Date: .....

.....

Planning Department Representative