



Development Review Team – Pre-consultation

BACKGROUND INFORMATION – TO BE COMPLETED BY APPLICANT

NAME/AGENT: _____ PROPOSAL ADDRESS: _____

LOT _____ CON/PLAN _____ FORMER: OXFORD KEMPTVILLE South Gower

PHONE NUMBER: _____ EMAIL: _____

DATE OF PRECONSULTATION: _____

DESCRIPTION OF PROPOSAL: _____

CURRENT ZONING: _____ CURRENT OFFICIAL PLAN DESIGNATION: _____

LOT SIZE: _____ LOT FRONTAGE: _____ DENSITY: _____ .

PLEASE ATTACH A BRIEF **SKETCH, CONCEPT PLAN** OR **LOCATION MAP** OF THE DEVELOPMENT PROPOSAL

PLEASE IDENTIFY ANY SPECIFIC QUESTIONS YOU WOULD LIKE TO ASK STAFF ABOUT YOUR PROPOSAL OR PROPERTY:

Large empty rectangular box for questions.

****Please send a copy of the completed Pre-consultation Checklist to the Municipal Planner the Monday prior to a scheduled pre-consultation meeting.**