



**PORT COLBORNE**

## Pre-Consultation Request Form

City of Port Colborne  
Department of Planning and Development

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Proponents requesting to attend pre-consultation meeting with staff from the City of Port Colborne, Regional Municipality of Niagara and Niagara Peninsula Conservation Authority must complete this form and the attached authorization to enter property form. Please return both forms with a site plan of your proposed development no later than two weeks before the scheduled pre-consultation meeting date to [planner@portcolborne.ca](mailto:planner@portcolborne.ca). **Forms that are incomplete, not returned with a proper site plan or submitted late may be left off the pre-consultation meeting agenda. Planning staff reserves the right to move the scheduled date. Depending on the volume of requests, it may not be possible to be scheduled for the earliest agenda.**

### SITE INFORMATION

ADDRESS: \_\_\_\_\_

ASSESSMENT ROLL NUMBER: \_\_\_\_\_

### OWNER CONTACT INFORMATION

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### AGENT CONTACT INFORMATION

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### DESCRIPTION OF PROPOSED DEVELOPMENT

#### Site Plan Instructions:

The Pre-consultation Request Form must be submitted with a site plan showing the proposed development. The following items must be included on site plans:

- Location of existing and proposed land uses, buildings and structures;
- Location of significant features on the site and adjacent to the site (i.e. wetlands, hazard lands, watercourses, woodlands, wells, septic tanks, etc.);
- Existing and proposed lot fabric (as appropriate); and
- Proposed development concept, including setbacks from lot lines and significant features.

Contact David Schulz, Planner, with any questions at 905-835-2900 ext 202 or [planner@portcolborne.ca](mailto:planner@portcolborne.ca)

**Permission to Enter Property**

I hereby give permission to the City of Port Colborne, Regional Municipality of Niagara and the Niagara Peninsula Conservation Authority to enter my property for the purpose of inspection and information gathering regarding the pre-consultation meeting requested for my property.

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_