

For Use by Principal Authority	
File Number:	Date Received:
Roll Number:	Pre-consultation Date:
Property Address:	
Designation:	Zone:

Owner Information		
Name of Owner(s):		
Address (Building/Fire Number, Street Name)		
City, Province, Postal Code		
Phone:	Cell:	Fax:
Email:		
Agent Information (if authorized by the owner):		
Name of Agent:		
Address (Building/Fire Number, Street Name)		
City, Province, Postal Code		
Phone:	Cell:	Fax:
Email:		
Agent to Submit Pre-consultation Request (to be completed by owner):		
<p>If the applicant is not the owner of the land(s) that is subject to the application, confirmation by the owner that the agent is authorized to request a pre-consultation meeting on his / her behalf must be completed below:</p> <p>I / we _____ the registered owner(s) of <i>(print: name of owner(s))</i></p> <p>_____ hereby authorize <i>(municipal address or legal description)</i></p> <p>_____ to act as an agent for this Pre-consultation Request. <i>(print: name of agent)</i></p> <p>_____ <i>(Date)</i> _____ <i>(Signature of Owner)</i></p>		

Property Information:				
Legal Description of the subject land:				
Lot	Concession	Ward	Registered Plan No.	Lot/Block
Street Address			Reference Plan	Part Number
Current Land Uses:				
Please describe the current uses on the property.				
Development Proposal:				
Please provide a written description of the proposed utility installation. Please note that it is recognized that this is a development proposal and that elements of the proposal are subject to change.				
<p>Pre-consultation request should include the following:</p> <ul style="list-style-type: none"> Completed Pre-consultation Request Form & Fee Digital Copy (.pdf) of Concept Plan(s) Digital Copy (.pdf) of Survey (if available) Proof of ownership and completed authorization from the property owner (if applicable). <p>Please submit completed application and supporting documents by email to planning@selwyntownship.ca</p>				