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**SUBMISSION REQUIREMENT CHECKLIST**  
**AGENCY LETTER OF APPROVAL, AGCO**

MAP Application Number: \_\_\_\_\_

Civic Address: \_\_\_\_\_

Information required from the Applicant

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Is This a Change in Use? Y N
- Is There a Current Building Permit or Application on File? Y N
- Has the Municipal Information Form Been Submitted? Y N
- Is there any encroachment on City Property or Right-of-Way? Y N

Mandatory Submission Requirements

	Received	Outstanding
Business Name	<input type="checkbox"/>	<input type="checkbox"/>
Business Address	<input type="checkbox"/>	<input type="checkbox"/>
Indoor and/or Outdoor	<input type="checkbox"/>	<input type="checkbox"/>
Requested Occupant Loads	<input type="checkbox"/>	<input type="checkbox"/>
Location/Site Plan	<input type="checkbox"/>	<input type="checkbox"/>
Seating Plan	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE NOTE THAT OTHER INFORMATION MAY BE REQUIRED FROM THE APPLICANT ONCE WE COMMENCE OUR REVIEW**

Additional Comments and/or Information

- Location/Site/Seating plans require dimensions, number and location of tables, chairs, bar stools, exits, washrooms for both indoor and outdoor areas

\_\_\_\_\_  
\_\_\_\_\_

**Attach the completed checklist to the Agency Letter and  
MAP Invoice and forward to the BCS Technical Clerk**