

Pre-Consultation Form

Instructions:

Please save an Adobe .pdf copy of the completed form.

Send the completed form and submission requirements to planningcirculations@ottawa.ca

BACKGROUND INFORMATION					
Site Address or Location:					
Legal Description:					
If applicable, date(s) of previous pre-consultation meeting(s):					
If applicable, previous pre-consultation application number(s):					
For any and all previously approved development application(s), please list application numbers:					
Applicant / Agent Information					
Applicant / Agent Information					
Company name:					
Contact name:					
Mailing Address:					
Telephone:	Email:				
Registered Property Owner Information	ame as above				
Name:					
Mailing Address:					
Telephone:	Email:				
PRE-CONSULTATION REQUEST					
A pre-consultation is encouraged for the following applications and subject to a fee (select all that apply):					

Zoning By-law Amendment

Phase 2

Phase 3

Phase 1

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Phase 1

Site Plan Control

Phase 2

Phase 3

Official Plan Amendment			Plan of Subdivision		
Plan of Condominium (Vacant Land)			Antenna System		
Other:					
			Fees Total:		
	SIT	TE DETAILS			
Lot Frontage (m)	Lot Depth (m)	Lot Area	a (m²)	Lot Area [irregular lot] (m²)	
What is the land currently u	ised for?				
Describe the current building	ng(s) that exist on the sub	ject property:			
	PROP	OSAL DETAILS			
Will the proposal require ar	application to the Comn	nittee of Adjustm	ent?		
Yes		No		Unknown	
from the Affordable Housin	g Community Improveme		_	ered on title, in order to benefit	
from municipal developmer		Yes	No		
For additional information	on either of these benefit	ts, please contact	t <u>affordableh</u>	nousingunit@ottawa.ca.	
Describe the proposal (or revised proposal) and any relevant details about the lands:					

POLICY FRAMEWORK

Official Plan Designation

Indicate the current designation

If applicable, indicate the proposed designation

Zoning

Indicate the current zoning

If applicable, indicate the proposed zoning

SUBMISSION REQUIREMENTS

Phase 1 – Together with this form, the following is required to proceed with a pre-consultation meeting:

Site Plan.
Transportation Impact Assessment <u>Screening Form</u> .
Environmental, Servicing and Transportation Information Checklist.
If applicable, a copy of any previous Phase 1 pre-consultation comments provided (outcome form) and responses to those comments.
Payment of applicable pre-consultation fee. A receipt copy is to be submitted separately to planning circulations@ottawa.ca upon request for payment.

Phase 2 and Phase 3 – Where required or requested, the following information is required to proceed with the pre-consultation:

A copy of the previous pre-consultation comments provided (outcome form) and responses to those comments.
Any completed studies and plans, that were identified as required in accordance with staff direction and/or the provided Study Plan and Identification List (SPIL) through the previous pre-consultation.
Payment of applicable pre-consultation fee. A receipt copy is to be submitted separately to planningcirculations@ottawa.ca upon payment.

CONFIDENTIALITY AND CERTIFICATION

The applicant requests that the information submitted on this form be kept confidential. It is understood, however, that an access request may be filed under the Municipal Freedom of Information Act, R.S.O. 1990, c.M.56, as amended, and information may be subject to release, notwithstanding the request to keep information confidential.

Name of Applicant

Date

Personal information contained in this form is collected pursuant to Section 1.0.1 of the *Planning Act*, R.S.O. 1990, c.P.13, as amended. The information will be used for the purpose of administering the City of Ottawa's preconsultation process on development applications, and for the creation of a Study and Plan Identification List (SPIL) for Applicants. Questions about this collection can be directed to the Manager responsible for the Ward in which your development property is located.

OFFICE USE ONLY						
Application Number:		Ward:				
Application Date:		Fee Received:				