

Building Services

Preliminary Zoning Review

The City of Guelph provides applicants and owners the opportunity to obtain a zoning review of a property (including uses and buildings/structures) in order to determine compliance with standards of the Zoning By-law. The purpose of this review is to identify potential variances for pre consultation with the Planning Department. This review is not considered pre consultation on applications.

It is highly recommended that as part of your application coming before the Committee of Adjustment a zoning review be obtained. Failure to do so may result in your application being deferred, possibly denied or deemed incomplete. This may cause an additional delay in the committee's decision and /or additional costs.

1. Location Information			
Building number, street name			Unit number
Lot/con.			
Municipality:	Postal code :	Zoning category:	
2. Owner			
Last name:	First name:	Corporation or partnership:	
Primary residence:			Unit number
Lot/con.			
Municipality:	Postal code :	Province:	E-mail
Telephone number: ()	Fax: ()	Cell number: ()	
3. Application Details			
<p>A. Purpose of Application</p> <p> <input type="checkbox"/> New construction <input type="checkbox"/> Addition to existing building <input type="checkbox"/> Alteration/repair <input type="checkbox"/> Other -Specify: _____ </p> <p>B. Proposed Use of Building (please provide specific details) :</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>C. Description of Proposed Work or Review Request</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please note that comments in the Zoning review will only relate to the description outlined above and will not include any other uses, buildings or structures on the property unless they have been identified and relate directly to the descriptions provided above. The City reserves the right to limit the number of reviews permitted.</p> <p>D. Current Use of Building</p> <p>_____</p> <p>_____</p>			
4. Mandatory Accompanying Documents:			
Two copies of a scalable Site Plan drawings (metric measurements only) which includes:			
• Driveway width, location and distance to lot lines			<input type="checkbox"/>
• All buildings and structures including decks			<input type="checkbox"/>
• Distance between buildings and structures			<input type="checkbox"/>
• Explanatory covering letter (optional)			<input type="checkbox"/>
• Property Survey (optional)			<input type="checkbox"/>
Requested method of delivery:	Regular Mail <input type="checkbox"/>	Pick Up <input type="checkbox"/>	Email <input type="checkbox"/>
5. Declaration			
Applicant:			
I, _____, hereby declare that the statements herein are to the best of my knowledge and are a true and complete representation of the purpose and intent of the application.			
_____		_____	
(Signature of Applicant)		(Date)	
Owner:			
I, _____, owner of the subject lands, hereby authorize _____ to act as agent(s) for the purpose of all matters with respect to this application.			
_____		_____	
(Signature of Owner)		(Date)	
<p>Note: please allow a minimum of 5 business days for completion of this review. After this review is complete, this form is to be presented to the Planning Department for pre consultation on the Committee of Adjustment application. The Zoning Review provided through this application process is based on the information provided to staff. The Corporation of the City of Guelph and the writer accepts no liability arising from any errors or omissions that may be made. Further review may be required should the proposal/information change or additional information be required.</p>			

OFFICE USE ONLY - Zoning Review

Category	Proposal	By-law Requirement	Regulation #
Use			
Lot Dimensions Area/Depth/Width			
Building Setbacks Front/Side/Rear			
Building Height			
Building Size			
Coverage			
Parking			
Accessory Structure Setbacks/Coverage			
Accessory Structure Size/Height			
Driveway Width			
Fence Height/Location			
Lodging House Separation Distance			
Accessory Apartment Size/Percentage			
Accessory Apartment other (specify)			
Other:			

Variances Identified/Notes:

Administration:

Received By: _____ Date: _____

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

For Office Use Only

Fee Collected:

Folder Number:

Scanned into Amanda: