# 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:<br>(  ) | Fax:<br>(  ) | Cell number:<br>(  ) | |

**3. Application Details**

**A. Purpose of Application**

☐ New construction ☐ Addition to existing building
☐ Alteration/repair ☐ Other -Specify:_____

**B. Proposed Use of Building (please provide specific details) :**

_____
_____
_____

**C. Description of Proposed Work or Review Request**

_____
_____
_____

**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.**

**D. Current Use of Building**

_____
_____

**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 ☐
- All buildings and structures including decks ☐
- Distance between buildings and structures ☐
- Explanatory covering letter (optional) ☐
- Property Survey (optional) ☐

Requested method of delivery: Regular Mail ☐ Pick Up ☐ Email ☐

**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)

**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.**

**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:**

_____

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_____

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**Administration:**

Received By:_____ Date:_____

Reviewed By:_____ Date:_____

Approved By: _____ Date:_____

**For Office Use Only**

Fee Collected:

Folder Number:

Scanned into Amanda:

2014 September

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