



Pre-Consultation Request

1. PROPERTY INFORMATION

Address		Street Number:	Street Name:	Unit Number:
Registered Plan Number:		Lot/Block Numbers:		
Roll Number:		Conc. & Lot Number:		
Reference Plan Number:		Part Numbers:		

2. OWNER INFORMATION

Registered Land Owner:		Surname:	First Name:	Initial
Company Name: (if Company)		Company Officer:		
Application Contact:		Surname:	First Name:	Initial
Position:				
Address:		Street Number:	Street Name:	Unit Number:
Municipality:		Province:		Postal Code:
Telephone:	No. ()	Fax: ()		E- Mail:

3. AGENT INFORMATION

Firm Name:					
Application Contact:		Surname:	First Name:	Initial:	Position:
Address:		Street Number:	Street Name:	Unit Number:	
Municipality:		Province:		Postal Code:	
Telephone:	No. ()	Fax: ()		E- Mail:	
Project/Marketing Name of Project:					

Town of Markham, Development Services, 101 Town Centre Blvd., Markham, Ontario, L3R 9W3.
 Telephone: 905 475 4861 Fax: 905 479 7768 Email: developmentservices@markham.ca



4. EXISTING PROPERTY INFORMATION

Land Use: (Check 1 or more) [] Residential [] Commercial [] Institutional [] Industrial [] Office [] Retail [] Rural / Agricultural [] Other: _____

Current Zoning: _____

Current Official Plan Designation: _____

Lot Area: _____ (sq. metres or Hectares)

Lot Frontage: _____ (metres)

Describe the current use, buildings or structures on the property, including natural features _____

5. DETAILED DESCRIPTION OF CONTEMPLATED DEVELOPMENT

6. OWNER'S AUTHORIZATION

If an agent is used, the owner must complete this section. If there is more than one owner, a separate authorization from each individual or corporation is required. Attach an additional page or pages in the same format as this authorization if necessary. I, _____ being the registered owner of the subject lands, hereby authorize (print name of agent), _____ to submit the above pre-consultation form to the Town of Markham. Signature: _____ Date: _____ Printed Name of Signatory: _____ Title: _____

THIS SECTION IS FOR OFFICE USE ONLY 7. Contemplated Application Type [] Official Plan Amendment [] Plan of Sub-Division [] Zoning By-Law Amendment [] Site Plan Control Amanda Ref No. _____ Date Received _____ Staff Contact _____ Phone/Ext No. _____