



Zoning Preliminary Review Submission

This form must be completed for all Zoning Preliminary Review applications.

A. Project Information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	M-Plan/ R-Plan Number	
Zoning Preliminary Review Type	Low-Rise Residential	Number of Units	
	Interior Alteration	Number of Units	
	Multiple Residential	Number of Buildings	
	Non-Residential	Number of Buildings	
	Land Division	Number of Lots (Severed / Retained)	
Is this in support of / connected to a Planning Act Application:		Yes No	Application No:
B. Zoning Preliminary Review Owner			
Owner is		Registered Property Owner or Tenant / Future Tenant	
First name		Last name	
Corporation or partnership (if applicable)			
Street address			Unit number
Municipality	Postal code	Province	Telephone number ()
Email			
C. Applicant Information			
First name		Last name	
Corporation or partnership (if applicable)			
Street address			Unit number
Municipality	Postal code	Province	Telephone number ()
Email			
_____		_____	
Date		Signature of Applicant	

This is a form prescribed by the Chief Building Official pursuant to the City of Markham Building By-law. Personal information contained in this form is collected under the authority of Subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*.