



# Pre-Consultation Meeting Application Form

Persons intending to submit a planning application for a proposed development are required to consult with city staff and agencies prior to submitting the application by attending a scheduled pre-consultation meeting (schedule available on the website). A planning application may be deemed incomplete if a required pre-consultation meeting has not taken place. A pre-consultation meeting will identify what is required to be submitted for a complete application and will provide the opportunity to discuss:

- the nature of the application;
- the planning approval process;
- development and planning issues
- the need for information and/or reports to be submitted with the planning application;
- application fees and other matters, as determined.

**Please submit the completed pre-application form and a concept plan to the Planning Department at [Planning@thorold.ca](mailto:Planning@thorold.ca).** Staff will notify you of your meeting date and time. Meetings are held virtually on the first Thursday and third Wednesday of each month.

There is a fee of \$500.00 per application payable to Niagara Region.

### Regional Fee Payment Instructions:

If paying by cheque, please address it as payable to “Niagara Region” submitted to the Planning and Development Services Department at 1815 Sir Isaac Brock Way, P.O. Box 1042, Thorold, ON L2V 4T7

If paying online by Visa or MasterCard, please follow these steps:

1. Click the following link: <https://niagararegion.ca/business/payments/default.aspx>;
2. There will be seven payment options. Please select “**Planning Fees and Private Septic Permit Fees**”.
3. In the box “**What is this payment for?**” please reference “**Include address – street information**”. This will allow staff to ensure that the fees are assigned to the correct file.
4. Please include your email address to receive an emailed credit card receipt directly from Moneris

1. **Site Address:** \_\_\_\_\_

**Approximate Land Area (metric):** \_\_\_\_\_

**Site Legal Description:** \_\_\_\_\_

### Owner/Agent Contact Information:

Name of Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Agent Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Application Type:

<input type="checkbox"/>	Regional Official Plan Amendment	<input type="checkbox"/>	Draft Plan of Condominium	<input type="checkbox"/>	Zoning By-law Amendment
<input type="checkbox"/>	Local Official Plan Amendment	<input type="checkbox"/>	-Vacant Land/Common Element/Conversion	<input type="checkbox"/>	Other – please specify
<input type="checkbox"/>	Draft Plan of Subdivision	<input type="checkbox"/>	Site Plan Approval		
<input type="checkbox"/>	Consent (Land Severance)	<input type="checkbox"/>	NEC Amendment/Development Permit		

### 3. Brief description of proposed development:

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