



Haldimand County
Building Division
ZONING DEFICIENCY FORM

*****IMPORTANT:** This form is not complete unless it is accompanied by an attached "Lot Diagram Plan" indicating all applicable site conditions. ***

INSTRUCTIONS: *Owner/Applicant to complete unshaded areas* ♦ *Building Inspector to complete shaded areas*

PROPOSAL FAILS TO MEET DEVELOPMENT STANDARDS

Owner/Applicant: _____ Assessment Roll #: _____

Location of Property: Lot _____ Conc. _____ Block _____ Plan _____

Part _____ Reference Plan _____ Former Municipality _____

Civic Address: _____

Applicable Land Use By-law: HC-1-2020 (Separate Sheet for each By-law)

Current Zoning: _____ Proposed Use: _____ Permitted Not Permitted

Amended by: _____ Existing Use: _____

Development Standards	Required	"Proposed" (Based on Plot Plan)	Deficiency
a) Lot Area	_____	_____	_____
b) Lot Frontage	_____	_____	_____
c) Front Yard Setback	_____	_____	_____
d) Exterior Side Yard	_____	_____	_____
e) Interior Side Yard (Rt) <small>(Facing Building)</small>	_____	_____	_____
f) Interior Side Yard (Lt)	_____	_____	_____
g) Rear Yard	_____	_____	_____
h) Dwelling Unit Area	_____	_____	_____
i) % Lot Coverage	_____	_____	_____
j) Height of Building	_____	_____	_____
k) Houses Per Lot	_____	_____	_____
l) Accessory Building	_____	_____	_____
m) Parking	_____	_____	_____
n) _____	_____	_____	_____
o) _____	_____	_____	_____
p) _____	_____	_____	_____
q) _____	_____	_____	_____

The "PROPOSED" information and any supporting documents have been provided by the owner/applicant. The above information is only in respect to "Zoning" (Minor Variance, Zone Change, etc.) and does not relieve the applicant/owner from obtaining all other permits and/or approvals, such as Septic, Entrance and Building Permits, etc.

I, the owner/applicant take full responsibility for the accuracy of the "PROPOSED" information provided on this form.

Signatures: _____
Owner/Applicant Building Inspector

Date: _____ Date: _____

Submit completed form to the County Planner or the Secretary-Treasurer to the Committee of Adjustment. Your contact in this regard is:

Name: _____ Phone: _____

Address: _____