



## Pre-Consultation Meetings

Pre-consultation meetings are available for medium to large development proposals that may be complex and/or may have many internal department/external agency comments. A pre-consultation meeting is an opportunity to hear the applicable agencies' comments, ask questions, and determine what is required for a complete application. All information discussed in a pre-consultation meeting is considered confidential until a *Planning Act* application is submitted. Pre-consultation meetings occur on the first and third Wednesday of every month. There will be three, one hour time slots per meeting date (9, 10, and 11 am). Assigned Pre-Consultation meeting dates are subject to change and/or availability. Please note pre-consultation notes are valid for one year and development applications must reflect proposal submitted at the Pre-Consultation meeting, otherwise a new meeting is required.

### **Information Required from the proponent prior to scheduling a pre-consultation meeting:**

1. Application Form
2. Detailed concept plan
3. Pre-Consultation Meeting Fee (2024 fee is \$1000,00)
4. Long Point Region Conservation Authority Fee (fee is \$339.00), if applicable

### **Paying Fees**

- Fees can be paid via debit/credit or cheque at the Administration Building in Cayuga with a Customer Service Representative. Cheques can be made payable to Haldimand County and can be mailed to the Administration Building addressed to the Planning & Development Division, attention Planning Technician. Please also include a note that the payment is for a pre-consultation meeting request.
- Pre-consultation meeting fees **CANNOT** be paid over the phone or via e-transfer. Haldimand County is working towards being able to accept these fee payments in the future.
- Proposals within the Long Point Region Conservation Authority regulated areas are also subject to an additional Fee. The LPRCA fee is \$300 plus HST totaling \$339.00. Cheques can be made payable to LPRCA and can be submitted with the pre-consultation meeting application.

### **The Pre-Consultation Process**

- Please provide all required information identified above to the Planning Technician (Pre-consultation Meeting Coordinator), **no less than two weeks and one day prior** to an intended pre-consultation meeting. The internal circulation timeframe is two weeks.
- Upon receipt of all the required materials, the Planning Technician will confirm the meeting date and time with the proponent.
- A day before your scheduled meeting, the Pre-Consultation Coordinator will send the Zoom Meeting link.
- Within one week of the pre-consultation meeting, a planner will provide the proponent with the complete pre-consultation package, including all comments discussed in the meeting.
- Following the meeting, please send all questions/communications associated with the proposal to the assigned planner.

For questions or to submit an application, please email [planning@haldimandcounty.on.ca](mailto:planning@haldimandcounty.on.ca)



# Haldimand County

## Pre-Consultation Meeting Request Form

Submit form and attachments to: Planning Technician  
Planning and Development Division  
53 Thorburn Street South  
CAYUGA, ON NOA 1E0  
905-318-5932 ext. 6210  
planning@haldimandcounty.on.ca

### REQUEST CHECKLIST

(Items below must be submitted prior to a meeti

- Application Form Including Details of the Proposal
- Fee (2024 fee: \$1000)\*
- Site Plan
- Other Information Supporting Proposal (if applicable)

|   |  |   |   |   |   |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |
|---|--|---|---|---|---|---|--|---|--|---|--|---|--|---|--|---|--|---|--|--|--|
| Applicant:  | <input style="width: 95%;" type="text"/>   |   |   |   |   |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |
| Phone Number:   | <input style="width: 95%;" type="text"/>   |   |   |   |   |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |
| Email:  | <input style="width: 95%;" type="text"/>   |   |   |   |   |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |
| Mailing Address:  | <input style="width: 95%;" type="text"/>   |   |   |   |   |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |
| Subject Property Address/Location:  | <input style="width: 95%;" type="text"/>   |   |   |   |   |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |
| Subject Roll Number:  | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; text-align: center;"> </td> <td style="width: 20px; text-align: center;"> </td> <td style="width: 20px; text-align: center;"> </td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; text-align: center;"> </td> <td style="width: 20px; text-align: center;"> </td> <td style="width: 20px; text-align: center;"> </td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; text-align: center;"> </td> <td style="width: 20px; text-align: center;"> </td> <td style="width: 20px; text-align: center;"> </td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; text-align: center;"> </td> <td style="width: 20px; text-align: center;"> </td> <td style="width: 20px; text-align: center;"> </td> </tr> </table> | 2 | 8 | 1 | 0 | - |  |   |  | - |  |   |  | - |  |   |  | - |  |  |  |
| 2   | 8  | 1 | 0 | - |   |   |  | - |  |   |  | - |  |   |  | - |  |   |  |  |  |
| Agent's Name (if applicable):   | <input style="width: 95%;" type="text"/>   |   |   |   |   |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |
| Phone Number:   | <input style="width: 95%;" type="text"/>   |   |   |   |   |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |
| Email Address:  | <input style="width: 95%;" type="text"/>   |   |   |   |   |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |
| Mailing Address:  | <input style="width: 95%;" type="text"/>   |   |   |   |   |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |
| Please include the names and email addresses those wishing to participate in the meeting/receive minutes: | <input style="width: 95%; height: 40px;" type="text"/>   |   |   |   |   |   |  |   |  |   |  |   |  |   |  |   |  |   |  |  |  |

Will this proposal result in the creation of new full-time employment opportunities?  YES  NO # CREATED: \_\_\_\_\_

Has there been a previous pre-consultation meeting for the proposal?  YES  NO MEETING DATE: \_\_\_\_\_

Has the property previously been the subject of a development/planning application?  YES  NO  
APPLICATION NUMBER: \_\_\_\_\_

Have you previously consulted with planning staff?  YES  NO PLANNER: \_\_\_\_\_ DATE: \_\_\_\_\_

\*Proposals within the Long Point Region Conservation Authority regulated areas are also subject to an additional Fee. The LPRCA fee is \$300 plus HST totaling \$339.00. Cheques can be made payable to LPRCA and can be submitted with the pre-consultation meeting application.



## DETAILS OF PROPOSAL

Please provide a detailed explanation of the proposal in the space provided below. In order for your application to be considered complete, the following should be included as part of this application (**all figures must be provided in bold numerals, black ink, and metric units**):

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Agent's or applicant's name, address, telephone, fax number and e-mail address   |
| <input type="checkbox"/> | Municipal address and legal description  |
| <input type="checkbox"/> | Scale and north arrow  |
| <input type="checkbox"/> | All dimensions of the property   |
| <input type="checkbox"/> | Dimensions of all buildings and structures   |
| <input type="checkbox"/> | All building setbacks (in meters)  |
| <input type="checkbox"/> | Names of adjacent streets  |
| <input type="checkbox"/> | Vehicular entrances (widths and radii)   |
| <input type="checkbox"/> | Location, dimensions and number of parking spaces (including visitor and accessible) and drive aisles  |
| <input type="checkbox"/> | Refuse disposal and storage areas including any related screening (if required)  |
| <input type="checkbox"/> | Location of winter snow storage  |
| <input type="checkbox"/> | Landscape areas with dimensions  |
| <input type="checkbox"/> | Existing and proposed easements  |
| <input type="checkbox"/> | All hard surface materials   |
| <input type="checkbox"/> | The location, size and distances to buildings and property lines of any existing sewage system treatment units (septic tanks) and distribution piping (septic beds) on the subject lands (if applicable and known) |

### COLLECTION OF PERSONAL INFORMATION

Personal Information collected on this form is collected pursuant to the Planning Act and will be used for the purpose of processing this application. Questions about this collection may be directed to Haldimand County's Planning and Development Division at 905-318-5932 ext. 6209 or [planning@haldimandcounty.on.ca](mailto:planning@haldimandcounty.on.ca).



# Haldimand County

## DETAILS

\_\_\_\_\_  
*Owner/Applicant signature*

\_\_\_\_\_  
*Date*

*Information provided on this form is confidential, and to be used by County staff to assess this proposal. By submitting this package, the applicant/owner/agent grants permission to County staff to research all aspects of the proposal, including site inspections if required.*

### **OFFICE USE ONLY:**

Date received:

Planner Assigned:

Meeting Date Assigned: