



401 - 199 Larch Street, Ontario P3E 5P9 Tel: 705-674-5249 Email: [NDCA@ConservationSudbury.ca](mailto:NDCA@ConservationSudbury.ca)

## Request for Pre-Submission Consultation

*Conservation Authorities Act, Ontario Regulation 41/24 (s. 6)*

If any Planning approvals are required from the City of Greater Sudbury (CGS), it is **highly recommended that you consult with our staff prior to submitting this request form.** Conservation Sudbury is responsible for providing comments to the CGS Planning Services Division on behalf of the Ministry of Natural Resources and Forestry. This ensures that decisions are consistent with the Natural Hazards policies of the *Planning Act* (as per Ontario Regulation 686/21). Review and comments provided for applications made under the *Planning Act* may differ from those made in relation to the *Conservation Authorities Act* and Ontario Regulation 41/24.

**Are any of the following Planning approvals required?**

- |   |  |   |                                 |
|---|--|---|---------------------------------|
| <input type="checkbox"/> Rezoning         | <input type="checkbox"/> Plan of subdivision | <input type="checkbox"/> Minor variance | <input type="checkbox"/> No     |
| <input type="checkbox"/> Consent to sever | <input type="checkbox"/> Site plan control   | <input type="checkbox"/> OP amendment   | <input type="checkbox"/> Unsure |
|   |  | <input type="checkbox"/> Other          |                                 |

**Inquiry made by (name):** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Location of Proposed Activity:**

Municipal address: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Township: \_\_\_\_\_

Lot: \_\_\_\_\_

Concession: \_\_\_\_\_

Plan: \_\_\_\_\_

Lot/Part: \_\_\_\_\_

**Are you the registered landowner?** Yes  No

If no, the landowner must complete and sign this section:

**Landowner name:** \_\_\_\_\_

**Landowner phone number:** \_\_\_\_\_

**Agent representing landowner:** \_\_\_\_\_

*The undersigned, being the registered owner of the address listed above:*

**a)** *authorizes the agent named above to submit on their behalf any information required for an application under Section 28.1 of the Conservation Authorities Act and/or*

**b)** *authorizes Conservation Sudbury to disclose site-specific information to said agent related to development opportunities and constraints.*

*The undersigned understands that there is a shared responsibility to ensure that the conditions in a Section 28.1 permit are complied with.*

**Landowner signature:** \_\_\_\_\_

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

In order to request a pre-submission consultation meeting, details of the project are required. At minimum, the following must be enclosed with this application form:

- A sketch or plan showing property details and the extent of the proposed works.** Include the following:
  - Property limits
  - The location and extent of all known hazards and features of the property and within 30 m of the property, such as wetlands, watercourses, flood and erosion hazards
  - The location and extent of proposed placement or removal of fill, site grading, and/or new structures
  - Any changes to an existing building/structure (e.g., additions, new basement windows, new bedrooms)
  - Any changes in the use of a building/structure
- A brief description of the proposed project.**
- Any available plans, maps, or surveys.**

Are approvals required from any other agencies?    Yes     No

If so, please list:

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Proposed start date (if known): \_\_\_\_\_

Number of pages attached: \_\_\_\_\_

**Pre-Submission Consultation requires the non-refundable permit deposit fee of \$200.** If a complete permit application is received within 1 year of the date of the completion of pre-consultation, this deposit will be applied to the full permit fee. Additional fees may be applied for review of technical studies during pre-consultation, as per the approved fee schedule.

- Send me an electronic invoice via the Square app to the email address provided.**

Landowner signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Internal Use Only

Fee received? Yes  No

Date payment received: \_\_\_\_\_

Pre-consultation scheduled for:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Notes: