

For enquiries dial 311 From outside the City of Toronto (416) 392-CITY (2489)

District Offices:

- North York Toronto and East York
 Scarborough Etobicoke York

Request Date			Folder No.
Day	Month	Year	

Project Location

Street No.	Street Name	Lot No.	Plan No.
------------	-------------	---------	----------

Existing Use

Description of Proposed Use

Applicant's Information

Last Name	First Name	Area Code and Telephone No. Home
-----------	------------	---

Company Name (if applicable)

Street No. & Name	Apt./Unit No.	Area Code and Fax No.
-------------------	---------------	-----------------------

City	Province	Postal Code	Area Code and Mobile / Pager No.
------	----------	-------------	----------------------------------

E-mail address

I acknowledge that this request will only identify whether the proposed use of the subject location is a permitted use under the zoning designation for this property and understand that:

- **this request does not provide confirmation of compliance or details of non-compliance with any other zoning requirements, such as parking standards, etc. relating to the proposed use;**
- **this request does not identify any other approvals that may be required; and**
- **any proposed use of the subject property must be in full compliance with the Ontario Building Cod Act, all applicable By-laws and regulations.**

.....
Applicant's Signature

.....
Date

Note: To determine full compliance of the Zoning By-laws, an application for a Preliminary Project Review with separate drawings should be submitted.

- Mail to Applicant Pick-Up

For Office Use Only:

Fee Paid	Related IBMS Folders		
By-law District	By-law No.	Map No.	Zoning Designation

The personal information on this form is collected under the City of Toronto Act, 2006 and will be used for processing building permit applications and creating aggregate statistical reports. Questions about this collection may be referred to the Customer Service Manager in the appropriate district at the number listed above.