

**CITY OF BROCKVILLE**  
**SITE PLAN CONTROL APPLICATION**  
*Residential Development*

**SECTION "A":** to be completed by the Planning Department

Date Received:	By:	Date Complete:	File No.:
----------------	-----	----------------	-----------

**SECTION "B":** to be completed by the Applicant. Note: all dimensions and measurements are to be in metric units.

<b>Project Title:</b>			
<b>Name of Property Owner:</b>			
Address:			
Telephone No.:		Postal Code:	
Fax No.:		E-mail:	
<b>Name of Applicant (Owner or Authorized Agent):</b>			
Address:			
Telephone No.:		Postal Code:	
Fax No.:		E-mail:	
Site Location (street address):			
Legal Description:			
Type of Development:			
Current Zoning of Site:		Construction Value:	
Total Area of Site:	Total Area of Building(s):	(% of Site Covered by Building(s):	
No. of Storeys:	Height:	No. of Residential Units:	
Landscaped Area:	Paved Area:	No. of Parking Spaces:	
Density (# of units/hectare):		Total Amenity Area:	
Method of Snow Removal:			
Method of Garbage Storage:			
Method of Garbage Removal:			
No. of Dwelling Units by Type:	Bachelor:	1 Bedroom:	2 Bedrooms:
	3 Bedrooms:	4 Bedrooms:	___ Bedrooms:
Other Special Facilities Provided:			
Is the Building to be a Condominium?			
<p><b>CERTIFICATION OF COMPLETENESS OF SITE PLAN CONTROL APPLICATION:</b> This is to certify that this application for Site Plan Control Approval provides all of the information required by the City of Brockville, as specified in the Site Plan Control Application Manual, and is in conformity with the provisions of Zoning By-law 194-94 (as amended). It is understood that in the event that any further information is required by the City of Brockville for consideration of the application, and where I/we are so advised by the City, the approval process shall be suspended until such required information is provided.</p>			
Signatures: [Owner] _____		Date: _____	
[Applicant/Agent] _____		Date: _____	