



Building Development Services
 315 King Street West, P.O. Box 640 Chatham, Ontario N7M 5K8
 Tel: (519) 360-1998 Fax: (519) 436-3215

Date/ Time Received

Zoning Request Form

For information or assistance completing this request form, please contact the Building Department at (519) 360-1998. You can mail your completed application to the above address or fax it to (519) 436-3215. Requests may also be submitted at any Municipal Service Centre.

A. Applicant					
Last name		First name		Telephone number	
B. Property Request					
Zoning		<input type="checkbox"/> Permitted Uses	<input type="checkbox"/> Zoning Map	<input type="checkbox"/> Official Plan	<input type="checkbox"/> Legal Description
Note: Please indicate the property(s) that you would like zoning information for. <u>The property address is a mandatory field.</u>					
Address (include 911 number)					
Former Township			Roll Number (if known)		
C. Return Information					
Note: Please indicate how you would like the information returned. Please check all that apply.					
<input type="checkbox"/> Fax		<input type="checkbox"/> Email		<input type="checkbox"/> Mail	
<input type="checkbox"/> Pick Up					
Fax number			Email		
Mailing Address					
City/ Town		Postal Code		Box #	
D. Submission					
Note: <u>Please allow for 2 business days for your request to be processed.</u> Zoning information is provided in the order that it is requested.					
E. Comments					
Office Use Only					
<input type="checkbox"/> Request Submitted		Assistant:		Date:	
<input type="checkbox"/> Request Completed		Assistant:		Date:	