



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	<input type="checkbox"/> 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
Phone number ()	Fax number ()	Email:	
Mailing Address:			
City/ Town	Postal Code		Box #
D. Submission			
Note: Please allow for 2 business days for your request to be processed. 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:	