



Phone: 905.833.5321 Fax: 905.833.2300 Website: www.king.ca

Committee of Adjustment **Zoning Review Form**

A Township Zoning Examiner will review your plans / proposal in detail, for the purpose of confirming variances required to facilitate your proposed development.

You will receive confirmation of your submission within 3-5 business days.

1.	SUBJECT PROPERTY DETAILS:		
	Municipal Address:		
	Pegistered Plan(s):		
	Registered Plan(s):		
	Lot(s)/Block(s):		
	Reference Plan(s):		
	Part(s):		
	Concession(s):		
	Area (m2 or ha):		
	Frontage (m):		
	Depth (m):		
2.	OWNER(S) INFO:		
	Pagistared Owner #4		
	Registered Owner #* First Name:		
	Last Name:		
	Company Name (if applicable):		
	Address:		
	Phone Number:		
	Email:		
	Registered Owner #2		
	First Name:		
	Last Name:		
	Company Name (if applicable):		
	Address:		
	Phone Number:		
	Email:		



King Township 2585 King Road King City, Ontario Canada L7B 1A1

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3.	AUTHORIZED AGENT INFO (List only ONE agent):		
	E' (N		
	First Name:		
	Last Name:		
	Company (if		
	applicable): Address:		
	Address.		
	Phone Number:		
	Priorie Number.		
	Email:		
	Liliali.		
4.	DETAILS OF PROPOSAL:		
	COA approval is		
	required for:	Proposed Construction Existing/As-Built	
	This submission is for:	New Building/Dwelling	
		Addition to an existing building/Dwelling	
		Accessory structures, Pools, Cabanas, Sheds	
		Other:	
	Explain CURRENT		
	use:		
	Fundain DDODOCED		
	Explain PROPOSED use:		
5.	HAVE YOU BECEIVE	ED AN OPDER TO COMPLY?	
5.	HAVE YOU RECEIVED AN ORDER TO COMPLY? (If YES, please indicate the associated file number and compliance date)		
	1. File Number		
	2. Compliance da	ate	
6.	OWNER AUTHORIZA	ATION	
	All registered owners must provide sign off and acknowledgement of this application; in doing so they are authorizing the agent listed above to provide communication and direction on behalf of the owner(s).		
	Please download the Owner/Agent Authorization Form available at: https://www.king.ca/sites/default/files/2025-		
	06/Owner%20Agent%20Authorization%20Form.pdf		

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