



COMMITTEE OF ADJUSTMENT:
MINOR VARIANCE PRE-CONSULTATION MEETING
STEP 2

Application Form & Waiver Form

**YOU ARE REQUIRED TO COMPLETE ONE OF THE
ATTACHED FORMS ONLY.**

A) Complete the **Pre-Con Meeting: Application Form** to request a meeting with a Township Planner to discuss your proposal and receive valuable feedback prior to hearing. A fee is associated with this review, see website for details.

**** A PRE-CONSULTATION MEETING IS STRONGLY RECOMMENDED PRIOR TO PROCEEDING TO A COMMITTEE OF ADJUSTMENT HEARING.***

B) Complete the **Pre-Con Meeting: Waiver Form** to confirm that you are not seeking a pre-consultation meeting with a Township Planner prior to hearing. This waives the opportunity to discuss any concerns regarding your proposal prior to your hearing before the committee.



Pre-Consultation Meeting: APPLICATION FORM

Committee of Adjustment

IMPORTANT:

COMPLETE THIS SECTION OF THE FORM IF YOU ARE REQUESTING A PRE-CONSULTATION MEETING WITH A TOWNSHIP PLANNER.

**** REVIEW BY A TOWNSHIP PLANNER IS STRONGLY RECOMMENDED PRIOR TO PROCEEDING TO A COMMITTEE OF ADJUSTMENT HEARING.***



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

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

Committee of Adjustment: PRE- CONSULTATION FORM

Pre-Consultation Process:

A Pre-Consultation meeting is strongly recommended prior to the submission of a formal Minor Variance application. This meeting allows for staff to review their comments with you prior to hearing. Post meeting a Pre-Con Letter will be issued confirming discussions and listing out any further steps required.

1.	SUBJECT PROPERTY (full address including postal code):	
2.	OWNER(S) INFO:	
	Registered Owner #1	
	First Name:	
	Last Name:	
	Phone Number:	
	Email:	
	Registered Owner #2	
	First Name:	
	Last Name:	
	Phone Number:	
	Email:	
	MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS LISTED ABOVE):	
	3.	AUTHORIZED AGENT INFO (List only ONE agent):
First Name:		
Last Name:		
Company:		
Phone Number:		
Email:		



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	MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS LISTED ABOVE):
4.	EXPLAIN YOUR PROPOSAL IN DETAIL (Clearly indicate what elements of your proposal are EXISTING and what elements are PROPOSED. Be sure Plans submitted for review clearly show your proposal). <i>Do not list your variances, as staff will be confirming those post consultation.</i>
5.	HAVE YOU RECEIVED AN ORDER TO COMPLY? (If YES, please indicate the date on which an order was last received)
6.	OWNER AUTHORIZATION 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



Pre-Consultation Meeting: WAIVER FORM

Committee of Adjustment

IMPORTANT:

COMPLETE THIS SECTION OF THE FORM IF YOU HAVE CHOSEN TO DECLINE A PRE-CONSULTATION MEETING WITH A TOWNSHIP PLANNER.

**** A PRE-CONSULTATION MEETING WITH A TOWNSHIP PLANNER IS STRONGLY RECOMMENDED PRIOR TO PROCEEDING TO A COMMITTEE OF ADJUSTMENT HEARING.***



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Committee of Adjustment: PRE-CON WAIVER FORM

IMPORTANT:

A Pre-Consultation meeting is strongly recommended prior to the submission of a formal Minor Variance application. This meeting allows staff to review their comments with you prior to hearing. By completing this waiver form you are opting out of the pre-con meeting (Step 2).

1.	SUBJECT PROPERTY (full address including postal code): 																				
2.	OWNER(S) INFO: <table border="1"><tr><th colspan="2">Registered Owner #1</th></tr><tr><td>First Name:</td><td></td></tr><tr><td>Last Name:</td><td></td></tr><tr><td>Phone Number:</td><td></td></tr><tr><td>Email:</td><td></td></tr></table> <table border="1"><tr><th colspan="2">Registered Owner #2</th></tr><tr><td>First Name:</td><td></td></tr><tr><td>Last Name:</td><td></td></tr><tr><td>Phone Number:</td><td></td></tr><tr><td>Email:</td><td></td></tr></table> MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS LISTED ABOVE): 	Registered Owner #1		First Name:		Last Name:		Phone Number:		Email:		Registered Owner #2		First Name:		Last Name:		Phone Number:		Email:	
Registered Owner #1																					
First Name:																					
Last Name:																					
Phone Number:																					
Email:																					
Registered Owner #2																					
First Name:																					
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3.	AUTHORIZED AGENT INFO (List only ONE agent):	
	First Name:	
	Last Name:	
	Company:	
	Phone Number:	
	Email:	
4.	REVIEW STAGE (Select one):	
	I have completed Step 1 (Zoning Review COA) and have obtained variances which have been confirmed by a Township Zoning Examiner. I have waived Step 1, as I do not require a confirmation of Variances. I am prepared to move forward to the next available committee of adjustment hearing date without the benefit of a Zoning Review OR a Pre-Consultation with a Township Planner (Step 2).	
5.	WAIVER	
	I hereby DECLINE the scheduling of a Pre-Consultation meeting to discuss my application with Planning staff prior to hearing. I understand that this may result in delays, additional fees and the need to return to future Committee of Adjustment hearings.	