

Preliminary Project Review – Use Only

Folder No.	Date (yyyy-mm-dd)

District Office									
☐ Toronto and East York	☐ North York	☐ Scarborough	☐ Etobicoke York						
Project Location		IBMS Property RSN:							
Street No. Street Name			Suite/Unit No.						
Note: A Preliminary Project Review (PPR) or Zoning Certificate (ZC) is required for: Recycling Uses; Transfer Station Drive-thrus; Patios and any use not indicated on the list below.									
Proposed Use (check all I									
☐ Animal Care	□ Boarding	☐ Clinic/Hospital							
☐ Auto/Vehicle	☐ Sales / Leasing / Rental	☐ Vehicle Repair	□ Autobody						
	☐ Outdoor Storage	□ Carwash	☐ Fuel Re-filling Station						
☐ Child Care	□ New	☐ Expand / Alter Existing							
☐ Commercial (Retail, Finar	ncial Institutions, Fitness Centre,	etc)							
☐ Restaurant	Take Out: ☐ Yes ☐ No	No. of Seats:	Licensed: ☐ Yes ☐ No						
☐ Institutional (School, Libra	ary, Hospital, Community Centre	, Place of Worship, etc)							
☐ Manufacturing	Includes food pre / catering?	□ Yes □ No							
.	Includes outside storage of ma	□ Yes □ No							
☐ Medical / Dental / Drugles	ss Practitioner / Holistic								
☐ Parking Lot	□ Parking Lot								
☐ Personal Service (Person	al Grooming, Hair Salon, Spa, e	tc)							
☐ Office									
Business Name:									
Type of Building	☐ Multi Tenant	☐ Single Tenant							
Location within building	☐ Entire Building	□ Basement	☐ Ground Floor						
	☐ Second Floor	□ Other:							
Describe activities associated with proposed use:									

Continue on next page



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Applicant's Declaration					IBMS Property RSN:				
I,	First Name			Last Name					
	Company Nar	Telephone No.			Telephone No.				
of	Street No.	Street Name			Suite/Unit No.	Mobile No.			
	City/Town		Province	I	Postal	Code	Fax No.		
	E-mail addres	S	1						
do hereby declare the following:									
	That information contained in this request form is true and made with full knowledge of all relevant matters and of the circumstances connected with this request.								
	That I understand that this review does not relieve the owner from complying with the Ontario Building Code Act, all applicable Bylaws and Regulations.								
	That I understand that this review only confirms that a particular use at the location stated above, is a listed use in the applicable Zoning By-law(s).								
	That I understand this review does not confirm that a building complies with all requirements in the applicable Zoning By-law(s).								
I hereby certify that I have read and agree to the conditions above.									
	Applicant's Sig	naure	Print Name			Date	(yyyy-mm-dd)		

The personal information on this form is collected under the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 136 (b) & (c) and the U} cat \(\tilde{A} \) \(\tilde

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