



**THE CORPORATION OF THE CITY OF WELLAND
INTEGRATED SERVICES**

**REQUEST FOR CLEARANCE FORM
(SCALE SKETCH/DRAWINGS MUST BE SUBMITTED)
(PLEASE CHECK APPLICABLE APPROVALS REQUESTED)**

To: City of Welland
 Integrated Services
 60 East Main Street, Welland, ON L3B 3X4
 Telephone: 905-735-1700 Fax: 905-735-8772
 Email: devserv@welland.ca
 Website: www.welland.ca

- LIQUOR LICENSE**
 REGION LICENSE
 BUSINESS LICENSE
 OTHER

1. Property Location/Information:	Address:
	Name of Business:
	Type of Business (be specific):
2. Owner of Property:	Name:
	Address:
	Phone Number:
	Email:
3. Owner of Business:	Name:
	Address:
	Phone Number:
	Email:
4. List all uses on property: (i.e. restaurant, retail sales, salon, residential, plaza, mall, etc.)	
5. If known, the length of time the existing uses have continued:	
6. Proposed business is:	
<input type="checkbox"/> New building <input type="checkbox"/> Within existing building <input type="checkbox"/> Outdoor <input type="checkbox"/> Same type of business as previous, different (new) owner	

<p>7. Existing number of on-site parking spaces: _____</p> <p style="padding-left: 40px;">Proposed number of on-site parking spaces: _____</p> <p style="padding-left: 40px;">Total number of on-site parking spaces: _____</p>								
<p>8. Maximum number of occupants:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Public _____ <input type="checkbox"/> Staff _____</p>								
<p>9. Are there any new buildings, structures, improvements, or construction proposed for the subject property?</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If yes please indicate clearly on plot plan and distinguish from existing features.</p>								
<p>10. Are there any building or plumbing alterations, interior renovations, improvements or construction proposed for the subject building?</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If yes please indicate clearly on floor plan and distinguish from existing features.</p>								
<p>11. What type of water supply and sewage disposal exists or is proposed?</p> <p style="padding-left: 40px;"><input type="checkbox"/> Publicly owned and operated system <input type="checkbox"/> Lake or other water body</p> <p style="padding-left: 40px;"><input type="checkbox"/> Well (private) <input type="checkbox"/> Septic</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other</p>								
<p>12. A plot plan drawn to scale is required showing the boundaries and dimensions of the property, the location and size of all existing and proposed buildings and structures, the distance (setback) of the existing/proposed buildings and structures from all lot lines, the size and location of the existing and proposed parking spaces/parking lot layout, and the size and location of the licensed access outdoors on the subject property.</p>								
<p>13. A floor plan drawn to scale may be required showing the size and location of the licensed area within the building, interior walls, doors, washrooms and exits. Please discuss this with City staff.</p>								
<p>14. Applicant:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Name:</td></tr> <tr><td style="padding: 2px;">Address:</td></tr> <tr><td style="padding: 2px;">Phone Number:</td></tr> <tr><td style="padding: 2px;">Cell Number:</td></tr> <tr><td style="padding: 2px;">Email:</td></tr> <tr><td style="padding: 2px;">Signature:</td></tr> <tr><td style="padding: 2px;">Date:</td></tr> </table>	Name:	Address:	Phone Number:	Cell Number:	Email:	Signature:	Date:
Name:								
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Signature:								
Date:								

**THE CORPORATION OF THE CITY OF WELLAND
INTEGRATED SERVICES**

FOR OFFICE USE ONLY

Property Location/Information:	Address:	
	Name of Business:	
	Type of Business:	

Based on the information submitted:

ZONING:

We have no objection to the issuance of a License at the location indicated provided the Applicant comply with all requirements of the City Zoning By-law including the General Provisions.

Zone: _____ Permitted Use: Yes No

Remark: _____

Date: _____ Per: _____

SITE PLAN AGREEMENT:

We have no records on file indicating that for the subject location there are outstanding infractions of the Site Plan Agreement at the present time. Therefore we have no objection to the issuance of a License at the location indicated.

Remark: _____

Date: _____ Per: _____

BUILDING DIVISION:

We have no records on file indicating that for the subject location there are outstanding infractions of the Building or Property Standards regulations of the City of Welland at the present time. Therefore we have no objection to the issuance of a License at the location indicated provided the Applicant obtain any Building/Plumbing/Change of Use/Occupancy Permits which may be required.

Remark: _____

Date: _____ Per: _____

BUILDING INSPECTOR:

Remark: _____

Maximum Number of Occupants _____ Persons

Date: _____ Per: _____