THE CORPORATION OF THE CITY OF WELLAND
INFRASTRUCTURE AND DEVELOPMENT SERVICES

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

To: City of Welland
        Infrastructure and Development 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. Property Owner:	Name:
	Street Name:
	City: Postal Code:
	Phone Number:
	Email:
3. Owner of Business:	Name:
	Street Name:
	Phone Number:
	City: Postal Code:
	Email:

4.   List all uses on property: (i.e. restaurant, retail sales, salon, residential, plaza, mall, etc.)
Existing:
Previous:
5.   If known, the length of time the existing uses have continued:

6.   Proposed business is:

☐   New building

☐   Within existing building

☐   Outdoor

☐   Same type of business as previous, different (new) owner

*A LEAD TIME OF APPROXIMATELY TWO (2) WEEKS IS REQUIRED FOR COMPLETION

7. Existing number of on-site parking spaces: _____

    Proposed number of on-site parking spaces: _____

    Total number of on-site parking spaces: _____

8. Maximum number of occupants:

    Public _____ Staff _____

9. Are there any new buildings, structures, improvements, or construction proposed for the **subject property**?

    ☐ Yes ☐ No

    IF YES PLEASE INDICATE CLEARLY ON PLOT PLAN AND DISTINGUISH FROM EXISTING FEATURES.

10. Are there any building or plumbing alterations, interior renovations, improvements or construction proposed for the **subject building**?

    ☐ Yes ☐ No

    IF YES PLEASE INDICATE CLEARLY ON FLOOR PLAN AND DISTINGUISH FROM EXISTING FEATURES.

11. What type of water supply and sewage disposal exists or is proposed?

    ☐ Publicly owned and operated system   ☐ Lake or other water body

    ☐ Well (private)   ☐ Septic

    ☐ Other

12. A **plot plan drawn to a measurable 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.

13. **A floor plan drawn to a measurable 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.

14. Applicant:

Name:	
Street Name:	
City:	Postal Code:
Phone Number:	
Cell Number:	
Email:	
Signature:	
Date:	

*A LEAD TIME OF APPROXIMATELY TWO (2) WEEKS IS REQUIRED FOR COMPLETION

THE CORPORATION OF THE CITY OF WELLAND
INFRASTRUCTURE AND DEVELOPMENT 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: _____