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FILE #:	X-Ref:
	IMS:

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INQUIRY FORM

FOR DEVELOPMENT, INTERFERENCE WITH WETLANDS AND ALTERATIONS TO SHORELINES AND WATERCOURSES
 (CONSERVATION AUTHORITIES ACT, PART VI AND ONTARIO REGULATION 41/24)

Owner's Name:	_____	Telephone:	_____
Address:	_____	Postal Code:	_____
Applicant/Inquirer's Name:	_____	Email:	_____
Address:	_____	Telephone:	_____
		Postal Code:	_____
		Email:	_____
Location of proposed works: _____			
Lot:	_____	Concession:	_____
		Municipality:	_____
		Watershed:	_____
Municipal Address/Registered Plan (where applicable): _____			

Description of Works:
Site Specific Location of Works Proposed on the Subject Lands:
Dates Work is to be carried out: Start: _____ Completion: _____

I, _____ declare that the above information is accurate to the best of my knowledge.

Date _____ Authorized Agent/Owner Inquirer

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<input type="checkbox"/>	Four copies of a plan of the area showing the type and location of the development have been submitted.
<input type="checkbox"/>	Drainage details before and after development have been provided
<input type="checkbox"/>	The start and completion dates of the development have been provided.
<input type="checkbox"/>	If applicable, the elevations of existing buildings and proposed grades following development have been provided.
<input type="checkbox"/>	If, applicable the proposed use of the buildings and structures following completion of the development is described.
<input type="checkbox"/>	If applicable, a complete description of the type of fill proposed to be placed or dumped has been provided.
<input type="checkbox"/>	Based on the description of works and the location of the proposed works, the development activities described above are not situated within the jurisdiction of Ontario Regulation 42/06. Written approval of the Authority is not required.
<input type="checkbox"/>	Development activities described above require Authority approval as specified within Ontario Regulation 42/06. The proponent was informed that a signed application for permission to undertake development is required from the Authority.
_____	_____
DATE	ENFORCEMENT OFFICER

Please email completed form to: dkiriakou@cloca.com