			SECTIONS IN GREY FOR INTERNAL USE ONLY		
	Payment in lieu of Land Co	onveyance	Building Pern	nit File #:	
	for Park or Other Public Recreational Purposes		Permit Administrator:		
MILTON	RESIDENTIAL INFORMATION FORM Please fill in all known lines and check all applicable boxes		Associated Town file(s): (as applicable)		
Applicant/Owner Name:					
Applicant/Owner Telephone #/	Email:				
Property Address/Legal Descrip (identify M-plan, if applicable/known					
	"				
Policy no. 48. In lieu of conveyance		the portion of private property othe	erwise require	n Milton in accordance with Town By-law 031-2024 d to be conveyed. <u>To determine applicability, this</u> receipt/review of this form.	
	s, please contact Renata Tracey, Parks P 905-878-7252 ext. 2538 or via email at		ning section o	f the Facilities, Operations and Environment Division	n,
PROPERTY INFORMATION					
SIZE OF PROPERTY:		ac / m ² (circle as applicable,		PROPERTY CURRENTLY VACANT	
TOTAL DEVELOPABLE AREA*:		ac / m ²			
* Private lands to be developed/rede	veloped for residential purposes (to align	with any corresponding SP drawings)			
Exclude any required land dedication	on by Town/Region for other purposes, or	areas not permitted to be developed du	ue to Conservat	tion regulations or applicable zone provisions	
PROPOSED DEVELOPMENT					
* Potential exemptions will be assess	ed in accordance with Town By-law 031-2	2024		RESIDENTIAL INTENSIFICATION	
□ NEW RESIDENTIAL BUILDIN	G(S) □ ENLARGEN	IENT OF EXISTING DWELLING		DENSITY PROPOSED:	
□ REPLACEMENT DWELLING		AL DWELLING UNIT(S)		# of residential units:	-
DEMOLITION HAS OCCURRE	D # of units pr	oposed:		Total residential GFA:	_ m ²
Permit #:		ALTERATION(S)		combine figure for total, or provide breakdown	
DEMOLITION TO OCCUR		ALTERATION(S) no GFA** increase		NON-RESIDENTIAL COMPONENT(S)	
# of units to be demolished:	Specify:			Total non-residental GFA:	m²
# of units to remain:	ACCESSOR	Y BUILDING(S)/STRUCTURE(S)		(e.g. commercial, office)	
□ NON-PROFIT HOUSING	(e.g. garage,	gazebo, pool cabana, storage shed)		POPS	
_					
ADDITIONAL COMMENTS/INFO	RMATION***				
	lieu obligations were fulfilled under a prev osals), please advise if the property was pu			ber/attach the applicable agreement schedule	
APPLICANT AUTHORIZATION					
APPLICANT SIGNATURE DATE (M/D/Y)					
			ANT SIGNATURI	E DATE (M/	·D/Y)
COMMUNITY SERVICES REVIEW NOTES - INTERNAL USE ONLY					