



Telecommunications Facilities Application

Town of Milton
Planning and Development Department
150 Mary Street, Milton, ON, L9T 6Z5
Tel: 905-878-7252 Fax: 905-876-5024
www.milton.ca

(Updated: December 2014)

NOTE:

Please consult with the Planning & Development Department prior to submitting an application.

A telecommunication pre-consultation meeting is required.

The Town of Milton is dedicated to meeting the needs of our customers. To obtain documents in an alternate format such as Braille, large print, electronic or plain language, contact the Town's Accessibility Coordinator.



For information:

Staff contact:

Angela Janzen, Planner, Dev. Rev.
Planning and Development Dept
Town Hall

Mailing Address:

150 Mary Street,
Milton, ON, L9T 6Z5

Telephone:

(905) 878-7252 Ext. 2310

Fax:

(905) 876-5024

Email:

angela.janzen@milton.ca

Website: www.milton.ca

Submission Requirements

Please refer to the ***Town of Milton "Telecommunications Facility Policy (Protocol)"*** for detailed submittal requirements and process guidelines.

The Telecommunications Facilities Application will not be considered complete and consequently not be processed without the following minimum requirements:

1. A Completed Telecommunications Facilities Application Form (including the "Owners Authorization" form where applicable, and the Environmental Site Screening Checklist).

2. Application Fees

- A cheque, *payable to the "Town of Milton"* for the applicable fees as set out in the Town's Fee By-law. **Note:** In some cases, additional fees from external agencies may be required and will be payable to the appropriate agency.

3. Drawings

Ten (10) copies of the required plans (11 " x 17" is preferable) drawn to metric scale, including:

- Site Plan (*with dimensions and site statistics including property lines, setbacks, limits of natural hazards, buffering, fences, landscaping, type and height of proposed facility, areas of access, parking, etc.*)
- Elevation Plan – *showing tower design*
- Map showing the horizontal distance between the tower installation and nearest residential zone or the closest residential dwelling in a non-residential zone and/or institutional building
- A colour photograph of the subject property (letter or legal sized paper) with a super-imposed image of the proposed facility.

4. Documents

- Cover Letter and Justification report, outlining details of the proposal, the required statements and attestations, and whether co-location is possible, etc.

PROCESS OVERVIEW

- Upon acceptance of a complete submission based upon the requirements noted above, and in the Telecommunications Protocol, the application is circulated to all applicable Town departments and external agencies for review and comment.
- Comments received from the circulation will be coordinated by the Designated Municipal Official and sent to the proponent for review and formal response.
- Where public consultation is required, it is the responsibility of the proponent to host an open house in relation to the proposal. Notification and required signage associated with the open house is the responsibility of the proponent and a copy of this information must be sent to the Designated Municipal Official for their files.
- Upon completion of Town, agency and public consultation, the Designated Municipal Official shall prepare comments on the application for the proponent and Industry Canada.



Telecommunications Facilities Application

Town of Milton
 Planning and Development Department
 150 Mary Street, Milton, ON, L9T 6Z5
 Tel: 905-878-7252 Fax: 905-876-5024
 www.milton.ca

Office Use: Date Received:		<input type="checkbox"/> Fee Received		File Number: TC - ___ / ___	
Applicant Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized Agent of Owner					
Last Name		First Name		Company Name	
Street Address				Unit Number	
Municipality		Province	Postal Code	Email	
Telephone Number		Fax		Cell Number	
Applicant's Interest (State whether applicant is owner / prospective owner / lessee)					
Registered Owner <i>Include Name(s) and Title(s) of those authorized to bind if a Corporation</i>					
Last Name		First Name		Company Name	
Street Address				Unit Number	
Municipality		Province	Postal Code	Email	
Telephone Number		Fax		Cell Number	
Primary contact for ALL future correspondence: <input type="checkbox"/> Owner <input type="checkbox"/> Applicant					
Property Information					
Lot		Concession		Geographic Township	
Registered Plan		Lot/Block		Reference Plan	
Municipal Address				* Assessment Roll	
* NOTE: Applications submitted without an Assessment Roll will <u>not</u> be circulated					
Lot Area		Lot Depth		Lot Frontage(s)	
Is the subject land designated under Ontario Heritage Act? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, is the subject land on the Town's Heritage List? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Existing Conditions/Development					
Existing Uses: (Note: Provide a complete description of operations)					
Date of Construction (and dates of addition(s))				Gross Floor Area (GFA) of each building by use:	
Water (Municipal/Private) <input type="checkbox"/> Existing <input type="checkbox"/> Proposed		Wastewater (Municipal/Private) <input type="checkbox"/> Existing <input type="checkbox"/> Proposed		Stormwater (Urban/Rural) <input type="checkbox"/> Existing <input type="checkbox"/> Proposed	

Owner's Authorization

With respect to lands owned by:

(Owner's name / Corporate signing authority)

known as:

(Legal description /municipal address of lands)

declare that I, the registered owner of the lands described in this application, have examined the contents of this application and hereby certify that the information submitted with the application is correct insofar as I have knowledge of these facts, and I hereby authorize:

(Name of Agent)

(Name of Company)

to act on my behalf in this matter.

I/We further consent to the Town of Milton or a representative thereof, inspecting the subject lands and structures.

Date:

Signed:

** (Signature of Owner)*

***NOTE:**

THIS DOCUMENT MUST BE SUBMITTED WITH AN ORIGINAL SIGNATURE OF THE REGISTERED OWNER.



Region of Halton, Legislative & Planning Services Department
 Tel: 905-825-6000 Fax: 905-825-8822 Toll Free: 1-866-442-5866 Website: www.halton.ca

Environmental Site-Screening Checklist

Site Plan File: _____ **Applicant:** _____

- | | | | | |
|----|--|-----|----|-----------|
| 1. | Was the subject property ever used for industrial purposes? | Yes | No | Uncertain |
| 2. | Was the subject property ever used for commercial purposes that may have caused contamination (e.g. gas station, dry cleaners, etc.) | yes | No | Uncertain |
| 3. | Has fill ever been placed on the property? | Yes | No | Uncertain |
| 4. | Is there any reason to believe that the subject property is potentially contaminated based on historic use of the property or a neighbouring lot located within 100m of the property? | Yes | No | Uncertain |
| 5. | Are there or were there ever any above-ground or underground storage tanks or waste disposal activities on the property? | Yes | No | Uncertain |
| 6. | For existing or previous buildings on the property, are there building materials that may be potentially hazardous to human health (i.e. asbestos, lead-based paints, poly-chlorinated biphenyls)? | Yes | No | Uncertain |
| 7. | For agricultural properties, were pesticides or herbicides ever applied to the property? | Yes | No | Uncertain |
| 8. | Have any of the buildings on the property been heated by fuel oil? | Yes | No | Uncertain |

If an answer to any of the questions 1 through 8 is either yes or uncertain, then a Record of Site condition may be required for the property. If you require assistance or further information, contact _____

General Information:

1. Have any environmental reports (Phase I and II Environmental Site Assessments, Records of Site Condition, etc.) ever been prepared for the property?
- Yes No

If yes, please submit these reports with your application together with a letter of reliance for the Region of Halton.

Certification

I, _____ am the registered owner of the land that is the subject of this planning document and to the best of my knowledge, the information provided in this checklist is true.

Sworn (or declared) before me _____
 Commissioner of Oaths (Print Name)

in the _____, this _____ day of _____ 20____
 City / Town / Municipality Day Month Year

 *Commissioner of Oaths

 *Registered Owner

***NOTE:**
THIS DOCUMENT MUST BE SUBMITTED WITH AN ORIGINAL SIGNATURE OF THE REGISTERED OWNER AND AN ORIGINAL SIGNATURE OF A COMMISSIONER OF OATHS.