

1. General	
A. Name of the Project:	
B. Date:	C. Address of Application:
D. Name of Consultant:	
E. Phone number and email of the Consultant:	

2. Description	
A. Short Description of the Project:	
B. Programme of the Application:	C. Number of buildings for this Application:

3. (When required) Triggers	
A. Location (Map 1): Area 1 Area 2	B1. Height in Metres: B2. Height Triggers Classification (Table 1): Low Moderate High
C. Additional triggers:	
D. Final Classification: Low Moderate High	

4. Application Process	
A. Application type: OPA ZBLA Combined OPA/ZBLA SPA	B. Method of Wind Study for this Application: CFD Phase 1 CFD Phase 2 WTS *CFD: Computational Fluid Dynamics Software. WTS: Wind Tunnel Study.
C. Was a CFD Phase 1 submitted at Pre-Application consultation? Yes No	
D. Were there any previous applications for this project? Yes No	

If Yes:

D.1 Date:	D.2 Type of previous application process: Low Moderate High
D.3 Method of Wind Study for the previous Application: CFD Phase 1 CFD Phase 2 WTS	
D.4 Important findings in the previous Study:	

4. Application Process – Continued

E. If this application is for a SPA, are there any design changes between the previous and current Application?	Yes	No	Not Applicable
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If Yes:

E.1 Describe the design changes between the previous and current application:

E.2 Do those changes qualify as significant:	Yes	No	
<i>If yes</i> , is this a submission for a revised study?	Yes	No	Not Applicable

F. Did the urban designer approve the type of wind study assessment method/ the location of the sensors/vulnerable areas:	Yes	No
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G. If a CFD is used for the study, did you provide a 3D model:	Yes	No
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H. Please attach a diagram with heights of the buildings that were used for the context of the scenarios that were tested

5. Required Contents

A. Which scenarios have been tested:			
Existing	Proposed	Mitigation	Phases

B. Is this a large project?	Yes	No
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C. Is this project with different stages?	Yes	No
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D. Main Areas of Interest:

E. Data Station Used:

6. Technical Information

A. Are you fully compliant with all of the technical specifications in the Terms of Reference and Guide:	
Yes	No

B. Are you fully compliant with the City criteria for comfort and safety?	Yes	No
If not, please explain:		

C. Is the consultant acknowledging that this method is appropriate for this study:	Yes	No
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6. Technical Information Continued

D. Is the consultant recommending a different method of study?	Yes	No
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If Yes:

D.1 Please explain:

7. General Comments

Declaration of Consultant

I _____

(Print name)

certify that I have examined the contents of the application, certify that the information submitted with it is accurate and concur with the submission of the application.

Date: _____

Signature of Consultant: _____