



**APPLICATION FOR REGISTRATION OF ACCESSORY APARTMENT**

LOCATION OF DWELLING TO BE REGISTERED

Address: \_\_\_\_\_ Lot \_\_\_\_ Plan \_\_\_\_

OWNER(S) OF PROPERTY

Name(s): \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

TYPE/LOCATION/SIZE OF UNIT     New     Existing \_\_\_\_\_  
Date established/constructed \_\_\_\_\_

Basement     Main Floor     2<sup>nd</sup> Floor     Attic     Other \_\_\_\_\_

# of Parking Spaces Provided on Property \_\_\_\_ Size of Apartment \_\_\_\_\_m<sup>2</sup> ( \_\_\_\_\_ft<sup>2</sup>)

Location of Parking Spaces \_\_\_\_\_ (provide sketch if necessary)

**APPLICANT**

PRINT NAME: \_\_\_\_\_

TELEPHONE:                      (Business) \_\_\_\_\_                      (Residence) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_                      DATE: \_\_\_\_\_

**OFFICE USE ONLY**

**EMERGENCY SERVICES DEPARTMENT APPROVAL FOR REGISTRATION OF EXISTING UNIT**

1<sup>ST</sup> Inspection                      Date \_\_\_\_\_                      By \_\_\_\_\_

Building Permit Req'd    Yes                       No

Final Inspection                      Date \_\_\_\_\_                      By \_\_\_\_\_

Approved For Registration    Date \_\_\_\_\_                      By \_\_\_\_\_

**BUILDING APPROVALS & INSPECTION BRANCH APPROVAL FOR CREATION OF NEW UNIT (MUNICIPAL SERVICES)**

Building Permit Number    \_\_\_\_\_

Final Inspection                      Date \_\_\_\_\_                      By \_\_\_\_\_

Approved For Registration    Date \_\_\_\_\_                      By \_\_\_\_\_

**PLANNING BRANCH (ZONING)**

Inspected/Received                      Date \_\_\_\_\_                      By \_\_\_\_\_

Approved /Not Approved    Date \_\_\_\_\_                      By \_\_\_\_\_

**COMMUNITY INFRASTRUCTURE & ENVIRONMENTAL SERVICES (MUNICIPAL ADDRESSING)**

Inspected/Received                      Date \_\_\_\_\_                      By \_\_\_\_\_

Approved / Not Approved    Date \_\_\_\_\_                      By \_\_\_\_\_

**ELECTRICAL SAFETY AUTHORITY (Owners Responsibility)**

Inspected /Received                      Date \_\_\_\_\_                      By \_\_\_\_\_

Approved / Not Approved Date \_\_\_\_\_ By \_\_\_\_\_

Initial Fee Received \$ \_\_\_\_\_ (Non-Refundable) Date \_\_\_\_\_

Final Fee Received \$ \_\_\_\_\_ (Non-Refundable) Date \_\_\_\_\_

Registration Approved \_\_\_\_\_ Date \_\_\_\_\_ REGISTRY # \_\_\_\_\_