

## Application for Registering Accessory Dwelling Unit

Permit Number:	Date Received:
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**A. Location of Proposed Accessory Dwelling Unit**

Street address:	Unit number:	Lot/con:
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**B. Owner Information**

Applicant is:  Owner  Authorized agent of owner

Last name:	First name:	Company:
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Street address:	Unit number:	Lot/con:
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Municipality:	Postal code:	Province:	e-mail:
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Telephone number: ( )	Fax ( )	Cell number ( )
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**C. Agent Information**

Last name:	First name:	Company:
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Street address:	Unit number:	Lot/con:
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Municipality:	Postal code:	Province:	e-mail:
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Telephone number: ( )	Fax ( )	Cell number ( )
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**D. Type of Accessory Unit**

recognizing existing ADU  creation of a new ADU

Number of Parking Spaces: \_\_\_\_\_  
(Provided Sketch for New Registrations)

**E. Approvals ( Office Use Only)**

PLANNING DISTRIBUTED [ ]	DATE: _____	APPROVED BY: _____	DATE: _____
BUILDING DISTRIBUTED [ ]	DATE: _____	APPROVED BY: _____	DATE: _____
FIRE SERVICES DISTRIBUTED [ ]	DATE: _____	APPROVED BY: _____	DATE: _____
PROPERTY STANDARDS DISTRIBUTED [ ]	DATE: _____	APPROVED BY: _____	DATE: _____

**F. Declaration of Applicant**

I \_\_\_\_\_ certify that:  
(print name)

I am the registered owner of the land that is the subject of this application for approval of this document and, for the purpose of the Municipal Freedom of Information and Protection of Privacy Act, I authorize and consent to use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Municipal Act, 2001 for the purposes of processing this application.

Date	Signature of Applicant
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**OFFICE USE ONLY:**

Date:	Approved by:
Fees Received:	Account number:
Total:	Receipt Number