

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, _____ (print name) _____ certify that:

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

OFFICE USE ONLY:

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