

Application for Registering Accessory Dwelling Unit

ADU 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 Dwelling Unit

<input type="checkbox"/> Accessory dwelling unit constructed after November 16, 1995	<input type="checkbox"/> Accessory dwelling unit constructed prior to November 16, 1995
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E. Approvals (Office Use Only)

<p>BUILDING</p> <p>APPROVED BY: _____</p> <p>DATE: _____</p>	<p>FIRE SERVICES</p> <p>APPROVED BY: _____</p> <p>DATE: _____</p>
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ELECTRICAL SAFETY AUTHORITY	
Upper Unit APPROVED BY: _____ DATE: _____	Lower Unit APPROVED BY: _____ DATE: _____
PROPERTY STANDARDS	
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

OFFICE USE ONLY:

Date:	Processed by:
Total: \$250 + HST	Account number: 13121.7764