



Town of Georgina

LICENCE FEE: \$0.00

Accessory Apartment Registration Application

Personal information is being collected under the authority of the *Municipal Act, 2001*, as amended, for the purposes of reviewing this application. Questions regarding the collection of personal information should be directed to the Town of Georgina, Municipal Clerk, 26557 Civic Centre Rd., Keswick, Ontario, L4P 3G1, telephone 905-476-4301 ext. 2223.

Date Submitted:

Location of Accessory Apartment Information

Roll No.			
Address	<i>Street Name & Number</i>	<i>P.O. Box</i>	<i>Postal Code</i>
Property Description	<i>Lot. #</i>	<i>Concession</i>	<i>Plan</i>

Applicant Information

Full Name	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
Address	<i>Street Name and Number</i>	<i>P.O. Box</i>	<i>Apartment/Unit #</i>
<i>City</i>		<i>Province</i>	<i>Postal Code</i>
Home Phone:	Business Phone:		
E-Mail Address:	Fax Number:		

Owner(s) of Property Information

Name(s)	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
Company Name			
Address	<i>Street Name and Number</i>	<i>PO Box</i>	
<i>City/Town</i>	<i>Province</i>	<i>Postal Code</i>	
Home Phone:	Business Phone:		
E-Mail Address:	Fax Number:		

Consent of Property Owner (If Applicant is Not the Registered Owner(s))

I/We _____ being the registered owner(s) of the subject lands, hereby authorize _____ to submit the enclosed application to the Clerks Division and to provide any information or material required by the Clerks Division relevant to the application.

Dated at the Town/City of Georgina

this _____ day of _____ 20 _____

Signature of Owner

Signature of Co-Owner

Additional Information

Is the accessory apartment existing or proposed? Existing ☐ Proposed ☐

If existing, provide the date of construction:

Type of Dwelling	Location of Dwelling Units	
	Main Dwelling Unit	Accessory Apartment
<input type="checkbox"/> Single Family Dwelling (Detached)	<input type="checkbox"/> Main Floor	<input type="checkbox"/> Main Floor
<input type="checkbox"/> Semi-detached Dwelling	<input type="checkbox"/> Second Floor	<input type="checkbox"/> Second Floor
<input type="checkbox"/> Townhouse Dwelling	<input type="checkbox"/> Basement	<input type="checkbox"/> Basement
Is the dwelling connected to municipal sewer and water services?	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Water <input type="checkbox"/> Sewer	_____	_____

Number of Bedrooms: _____ Main Dwelling Unit _____ Accessory Apartment

Is there an existing home-based business on the property: ☐ YES ☐ NO

Declaration of Applicant/Agent

I, _____ of the Town/City of _____

In the County/Region of _____ solemnly declare that:

All of the above statements and the statements contained in all of the exhibits submitted herewith are true and I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

As of the date of this application, I am (circle one of the following) the *Applicant* or the *Agent*, I have examined the contents of this application, I certify as to the correctness of the information submitted with the application insofar as I have knowledge of these facts, and I concur with the submission of this application to the Municipality.

I understand that all the information, documents and drawings and plans provided with this application will be made available to the public, as required but the provisions of the *Municipal Act, 2001*, as amended.

Signature of Applicant/Agent

OFFICE USE ONLY

Roll Number			
Address			
Payment Confirmation: _____ Amount Receipt No.			
If the accessory apartment was created prior to Nov. 16, 1995, was acceptable documentation submitted to confirm the accessory apartment existed prior to Nov. 16, 1995?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ Initials			
Ontario Fire Code compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ Date of Compliance Letter Initials			
Ontario Electrical Code compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ Date of Compliance Initials			
Ontario Building Code compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Building permit required for compliance with Ontario Fire Code. _____ Building Permit No. Completion Date Initials			
Ontario Building Code compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Building permit required to create or alter an existing accessory apartment. _____ Building Permit No. Completion Date Initials			
Letter of Registration: _____ Date Sent Name Initials			
If registration not approved, outline reasons:			