



# 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, Licensing Coordinator, 26557 Civic Centre Rd., Keswick, Ontario, L4P 3G1, telephone 905-476-4301 ext. 2291.

Date Submitted:

### Location of Accessory Apartment Information

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

### Applicant Information

<b>Full Name</b>	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
<b>Address</b>	<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>
<b>Home Phone:</b>	<b>Business Phone:</b>		
<b>E-Mail Address:</b>	<b>Fax Number:</b>		

### Owner(s) of Property Information

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

**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"/> Water <input type="checkbox"/> Sewer	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
	_____	_____

**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

<b>Roll Number</b>		
<b>Address</b>		
Payment Confirmation: _____ <div style="display: flex; justify-content: space-around;"> <span>Amount</span> <span>Receipt No.</span> </div>		
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      _____ <div style="text-align: right;">Initials</div>		
Ontario Fire Code compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ Date of Compliance Letter      _____ <div style="text-align: right;">Initials</div>		
Ontario Electrical Code compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A _____ Date of Compliance      _____ <div style="text-align: right;">Initials</div>		
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      _____ <div style="text-align: right;">Initials</div>		
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      _____ <div style="text-align: right;">Initials</div>		
Letter of Registration: _____ Date Sent      Name      _____ <div style="text-align: right;">Initials</div>		
If registration not approved, outline reasons:		