

## Application to License a Secondary Dwelling Unit

Application Information				
Name of Applicant/Agent:				
Street Address:			City:	Postal Code:
Telephone No:	Email Address:			
Name of Owner(s) if different from Applicant/Agent:				
Street Address:			City:	Postal Code:
Telephone No:	Email Address:			
Location				
Municipal Address of Dwelling to be Registered:				
Roll No.	Lot:	Concession:	R-Plan	Part/Block:
Purpose of Application				
Check off the purpose of the proposed transaction: <input type="checkbox"/> Recognize existing secondary dwelling unit <input type="checkbox"/> Creation of a secondary dwelling unit				
Unit Information				
Unit Type:		Size of Dwelling: _____sq m or _____sq ft		
New	Existing	Size of Secondary Unit: _____sq m or _____sq ft		
Unit Location: Basement          Main Floor          Stand-alone Unit Second Floor      Accessory Structure (specify): _____				
Number of parking spaces (also show on Site Plan):				
Declaration of Applicant or Authorized Agent				
The following declaration must be signed by the applicant or agent  I, _____ declare that the information contained in this application, attached schedules, plans and documentation is true to the best of my knowledge.  Signature: _____ Date: _____				