



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 number: _____

Street address _____

PO Box number: _____ City: _____ Postal code: _____

Property description

Lot number: _____ Concession: _____ Plan: _____

Applicant information

Full name: _____

Street address _____

PO Box number: _____ City: _____ Postal code: _____

Home phone number: _____ Business phone number: _____

Email address: _____ Fax number: _____

Owner(s) of property

Full name: _____

Company name: _____

Street address _____

PO Box number: _____ City: _____ Postal code: _____

Home phone number: _____ Business phone number: _____

Email address: _____ Fax number: _____

Consent of property owner(s) (If not the applicant)

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 of Georgina

This _____ day of _____ 20_____

Owner signature _____

Co-owner signature: _____

Additional information

Is the accessory apartment existing or proposed?

Existing Proposed

If existing provide the date of construction: _____

Is there an existing home-based business on the property

Yes No

Type of dwelling

Single-family dwelling (detached)

Semi-detached dwelling

Townhouse dwelling

Is the dwelling connected to municipal sewer and water services?

Water Sewers

Location of dwelling units

Main dwelling unit

Main floor

Second floor

Basement

Other: _____

Accessory apartment

Main floor

Second floor

Basement

Other: _____

Number of bedrooms

Main dwelling unit _____ Accessory apartment _____

Office use only

Roll number: _____

Street address _____

City: _____ Postal code: _____

Payment confirmation

Amount _____ Receipt number: _____

Compliance

Prior to Nov. 16, 1995

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?

Yes No N/A Initials: _____

Ontario Fire Code compliance

Yes No N/A
Date of compliance letter: _____ Initials: _____

Ontario Electrical Code compliance

Yes No N/A
Date of compliance letter: _____ Initials: _____

Ontario Building Code compliance

Building permit required for compliance with Ontario Fire Code.

Yes No N/A
Date of compliance letter: _____ Initials: _____

Letter of Registration

Date set: _____ Name: _____ Initials: _____

Approval

If registration is not approved, outline reasons: