

## ZONING CLEARANCE APPLICATION FORM

**New May 2020:** If you are applying for development related to detached, semi-detached or duplex dwellings, please use the new Consolidated Pre-Building Permit Application form for Low Density Residential Development that combines Zoning, Grading & Drainage and Forestry reviews.

<b>Site Address:</b>	
<b>Detailed Project Description:</b>	

Type of Construction:	
Multi-Residential	
Commercial	
Industrial	
Institutional	
Mixed Use	
Government	
Other:	

Scope of Work:	
New Building	
Addition	
Renovation	
Accessory Building or Structure	
Deck	
Temporary Tent or Stage	
Other:	

Applicant Information: Note the City will only communicate with the applicant		
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Architect <input type="checkbox"/> Engineer <input type="checkbox"/> Other: _____		
Name:	Phone #:	
Company Name (if applicable):		
Mailing Address:		
City:	Province:	Postal Code:
Email:		

Registered Property Owner: If different from above		
Name:	Phone #:	
Mailing Address:		
City:	Province:	Postal Code:
Email:		

**Declaration of Applicant:** I, \_\_\_\_\_, certify that:  
(Print name)

1. The information contained in this application, attached documents, plans and specifications, and any other attached documentation is true to the best of my knowledge.
2. I have authority to bind the corporation or partnership (if applicable).

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**Property Owner Authorization** (required if Applicant is not the Property Owner)

I/We \_\_\_\_\_, being the registered Owner(s) of the subject  
(Print name)  
lands hereby authorize \_\_\_\_\_ to prepare and submit this  
(Print name)  
Application for a Zoning Clearance Certificate and to act on my/our behalf as the authorized Applicant.

\_\_\_\_\_  
(Signature of Owner(s))

\_\_\_\_\_  
(Date)

*Personal information contained on this form is collected under the authority of the Municipal Act, 2001, as amended, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, as amended, to process the Zoning Clearance Certificate application. Questions regarding the collection of this information may be addressed to the Manager of Development Planning, Community Planning, 905-335-7642.*

**For office use only**

ZC File #: \_\_\_\_\_

ZC Fee: \$ \_\_\_\_\_

Method of payment: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

File taken in by: \_\_\_\_\_