

**Corporate Services**

Municipal Law Enforcement and Licensing Services

Location Address:

Owner(s) of Property:

Name:

Email:

Phone No. (Residence):

Phone No. (Cell):

Address (Street, City, Province, Postal Code):

 Mailing Address: Same  or Other:

**Application Details**

Type of House:

 Single Detached       Semi-Detached       Row House

Location of Unit One:

 Basement       First Floor       Second Floor       Attic

 Other (Specify):

Location of Unit Two:

 Basement       First Floor       Second Floor       Attic

 Other (Specify):

 Sewer Connection:  Yes       No

 Parking Allocation for Vehicles:  Yes       No

Location of Parking Spaces and Number:

 Garage       Front Yard       Side Yard       Rear Yard

No.	No.	No.	No.
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Basement/Attic/Stair Ceiling Height Requirements:

Min 1.95m (6'-5") provided	<input type="checkbox"/> Headroom over stairs	<input type="checkbox"/> Ceiling Height	<input type="checkbox"/> Under Ductwork
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Personal information contained on this form is collected under the authority of Part IV and Section 11 of the Municipal Act, 2001 and will be used for administering the Licensing and Municipal Law Enforcement process. Questions concerning collection of personal information should be directed to the City of Oshawa's Freedom of Information and Privacy Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or 905-436-3311.

Date Second Unit Was Established:

Nov. 16, 1995

June 23, 2014

(Documentation that proves the second unit existed will be required with application unless it is new.)

New as per Building Permit #:

Documentation Submitted:

Floor plans (required)

Other (describe)

**Applicant**

The undersigned hereby applies for Registration of a Two-Unit House in accordance with the provisions of the (please select):

Municipal Act and City of Oshawa By-law 41-2001 as from time to time amended (Nov. 16, 1995)

Zoning By-law 60-94, as amended by 89-2014 (June 23, 2014 or new).

The undersigned understands and acknowledges that neither the issuance of a Registration Certificate nor the carrying out of inspections by the City shall relieve the applicant from full responsibility for compliance with all applicable statutes, regulations, and by-laws.

I, \_\_\_\_\_ of \_\_\_\_\_  
Name (please print) Address City

Do solemnly declare:

1. Check one:

THAT I am the owner named in the application to Register.

THAT I am the authorized Agent of the owner named in this application.  
(Agent must submit written authorization by owner with this application)

THAT all statements made and information supplied in connection with this application are true and factual.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner's Authorization attached if applicant is an Agent

**For Office Use Only**

Registration No.	Registration Fee	Application Accepted By	Date										
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