



APPLICATION FOR THE REGISTRATION OF A SECOND SUITE
(Registration Non-Transferable)

LOCATION OF SECOND SUITE TO BE REGISTERED

Address: Postal Code:

Assessment Roll Number:

Has an application for the registration of a Second Suite been made in the past? yes no

If yes, was the application approved denied

Explain:

OWNER(S) OF PROPERTY

Name(s) e-mail:

Mailing Address:

City Province Postal Code Phone No.

AGENT/PROPERTY MANAGER (if different from above)

Name(s) e-mail:

Mailing Address:

City Province Postal Code Phone No.

TYPE OF SECOND SUITE

New Existing (date Second Suite constructed)

LOCATION

Basement Main Floor 2nd Floor Attic Other:

Number of Parking Spaces :
(Provide Sketch including dimensions of parking spaces for New Registrations)

CONSENT OF OWNER

I, am the registered owner of the land that is the subject of this application for approval of this document and, for the purpose of the Municipal Freedom of Information and Protection of Privacy Act, I authorize and consent to the use or the disclosure of any person or public body of any personal information that is collected under the authority of the Municipal Act, 2001 for the purposes of processing this application.

Personal information requested on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25, as amended and will be used to validate an applicant's request to register a legal two-unit (Secondary Suite) Dwelling. Questions about this collection should be directed to the Freedom of Information and Privacy Coordinator at 905-640-1910 or 1-855-642-8697 ext 2222

Signature of Owner

Date

APPLICATION FOR THE REGISTRATION OF A SECOND SUITE

Check List: Have you included the following?

**A. Undocumented Existing Second Suite
(constructed on or prior to July 14, 1994):**

- Completed and signed application form
- Original final approval from Fire Department with no deficiencies
- Proof of Existence prior to July 14, 1994
- Original Electrical Safety Authority (ESA) certificate
- Registration fee

**B. NEW Second Suite constructed with a Building Permit
(constructed on or after July 15, 1994):**

- Completed and signed application form
- Original final approval report from Building Services
- Original Electrical Safety Authority (ESA) certificate
- Registration fee

NOTE: Registration Fee is non-refundable

Certificate of Registration will be issued after verification of compliance with applicable legislation

Contact Information:

Licensing & Public Services Coordinator: 905-640-1910 or 1-855-642-8697 ext. 2260

Fire Department – Fire Prevention Division: 905-640-9595 ext. 6236

Electrical Safety Authority: 1-877-372-7233

Website: www.townofws.ca

OFFICE USE ONLY

Fee Received \$ _____

Registration No: _____

Receipt No. _____

Expiry Date _____



Town of Whitchurch-Stouffville

111 Sandiford Drive
Stouffville, ON L4A 0Z8

www.townofws.ca



Tel: 905-640-1900 or 1-855-642-8696
Fax: 905-640-7957