

Second Suite Application

Type of Application			
New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Constructed after July 14, 1994 <input type="checkbox"/>	
Address of Second Suite Unit _____			
Address			
Basement <input type="checkbox"/>	Main Floor <input type="checkbox"/>	2 nd Floor <input type="checkbox"/>	Attic <input type="checkbox"/>
A. Application Requirements (Please Complete A or B and C)			
A. For a Second Suite constructed on or prior to July 14, 1994 contact the Fire and Emergency Services (FES) Fire Prevention Division at 905 640-9595			
_____	_____	_____	
FES Representative (Please Print)	Signature	Date	
B. For a Second Suite constructed after July 14, 1994 contact the Development Services Building Division at 905-642-4085 (or extension 2328)			
Please reference issued, constructed and inspected Building Permit# _____			
_____	_____	_____	
Building Representative (Please Print)	Signature	Date	
C. Corporate Services Clerk's Division requirements:			
<input type="checkbox"/> Completed application form with a Signature from Fire Prevention or Building			
<input type="checkbox"/> Original Electrical Safety Authority (ESA) certificate – dated within 12 months			
<input type="checkbox"/> Registration fee			
_____	_____	_____	
Clerk's Representative (Please Print)	Signature	Date	
B. Property Owner			

Property Owner Name			

Address, Unit Number	City/Town	Province	Postal Code
_____	_____	_____	_____
_____	_____		
Phone Number	E-mail		

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C. Agent / Property Manager (If applicable)			
Business Name			
Mailing Address, Unit Number		City/Town	Province
		Postal Code	
Contact Number	E-mail		
Contact Name			
D. Fire and Emergency Services Representative			
FES Representative (Please Print)	Signature		Date
E. Sworn Declaration of Applicant			
<p>I, _____ confirm that that by signing this application, the Owner/Applicant agrees that all information provided is true, and that any false information may result in the suspension and/or revocation of any licence that may be issued.</p>			
Date	Signature of Applicant		
<p>This application may contain personal information as defined under the <i>Municipal Freedom of Information and Protection of Privacy Act</i>. The information collected is required pursuant to the terms of the <i>Municipal Act</i> and will be used by the Town of Whitchurch-Stouffville to process the application, and to determine whether to issue a licence. Information will also be used for administration of such licence, and for law enforcement purposes to ensure compliance with all applicable statutes, regulations and by-laws.</p>			
OFFICE USE ONLY			
Issue Date:	Receipt Number:		
Expiry Date:	Licence Number:		