



Two-Unit House Registration Application

Safety and Facility 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.

Basement/Attic/Stair Ceiling Height Requirements:

Min 1.95m (6'-5") provided Headroom over stairs Ceiling Height Under Ductwork

Personal information contained on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and will be used for administering the Municipal Law Enforcement and Licensing process. Questions concerning collection of personal information should be directed to the City of Oshawa's Information, Access and Privacy Officer at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7 or 905-436-3311.

Date Second Unit Was Established:

1994

Documentation Required:

Floor plans (required)

Applicant

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

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, now and on a go forward basis.

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
	<input type="checkbox"/> \$250.00		

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