



Regional Municipality of Durham Residential Development Charges Information Form

No:

B.P. No. _____

THIS FORM IS TO BE COMPLETED PRIOR TO ISSUANCE OF BUILDING PERMIT

SECTION A: TO BE COMPLETED BY APPLICANT

Developer/Company Name _____
Contact Name _____ Phone Number _____

INFORMATION REGARDING APPLICATION FOR BUILDING PERMIT:

Town/City/Township _____ Plan Number _____ Lot Number(s) _____

Municipal Address _____ Lot _____ Conc. _____

Assessment Roll Number _____ Land Division No. _____

Table with 8 columns: 1 Bedroom & Smaller Apt, 2 Bedroom Apt, 3 Bedroom & Larger Apt, Stacked Townhouse (4), Medium Density Multiple, Single and Semi Detached, Total. Rows include Number of Units To Be Constructed, Second and Third Units (5), Affordable Units, Rented (5), Affordable Units, Ownership (5), Attainable Units (5), Inclusionary Zoning Units (5), Non-profit Development (5), Demolished or Repurposed Units, Net units to be charged, Number of Rental Units (5).

2. Is this an application for a new building? Yes No (Please circle Yes or No)

3. Is this an application for expansion of an existing building? Yes No (Please circle Yes or No)

If yes, - What is the gross floor area of the existing building? _____
- What is the gross floor area of the addition? _____

4. Has an existing building on the site been demolished or repurposed? Yes No (Please circle Yes or No)

If yes, - Please provide copy of demolition permit
- What was the date of demolition? _____

Table with 4 columns: Commercial, Institutional, Industrial. Row: How many square feet? _____

5. Date of Site Plan Application under subsection 41(4) of the Planning Act _____

6. Date of Zoning By-law Amendment Application under section 34 of the Planning Act _____

7. Date Site Plan Application was approved _____

8. Date Zoning By-law Amendment Application was approved _____

9. Is this for a long-term care or retirement home as defined in Reg. 454/19? Yes No (Please circle Yes or No)

10. If a long-term care, retirement home, or for-profit rental residential development, please indicate payment schedule Upfront Over 5 Years (Please circle)

11. Other information

Please include a copy of the floor plan for multi-residential building permits (anything other than single/semi detached or freehold townhouse)

Applicant's Signature _____ Date _____

Area Municipal Staff have verified the information above (please check box to confirm)

SECTION B: TO BE COMPLETED BY THE REGION

REGIONAL DEVELOPMENT CHARGES TO BE COLLECTED BY THE AREA MUNICIPALITY

Table with 8 columns: REGIONAL SERVICES, 1 Bedroom & Smaller Apt, 2 Bedroom Apt, 3 Bedroom & Larger Apt, Stacked Townhouse (4), Medium Density Multiple, Single and Semi Detached, Total. Rows include Water Supply, Sanitary Sewerage, Regional Roads, Long Term Care, Police Services, Paramedic Services, Waste Diversion, Regional Transit, GO Transit, Credits and Exemptions, Rental Discount, Total Amount to be Collected by the Area Municipality.

Notes:

Approved Signature _____ Date _____ Valid Until _____

Regional Use Only: File No. _____ Conn. Application No. _____

Notes:

- 1. Remittance of Regional Development Charges is payable to the area municipality.
2. If information on this form does not agree with the building permit, please advise the Regional Works Department.
3. Complaints Regarding Development Charges must be made in writing to the Regional Clerk within 90 days after the payable date.
4. Stacked Townhouses are treated as apartments.
5. As Defined in Development Charges Act, 1997

CONTACT: DEVELOPMENT APPROVALS, REGIONAL WORKS DEPARTMENT: 905-668-7711