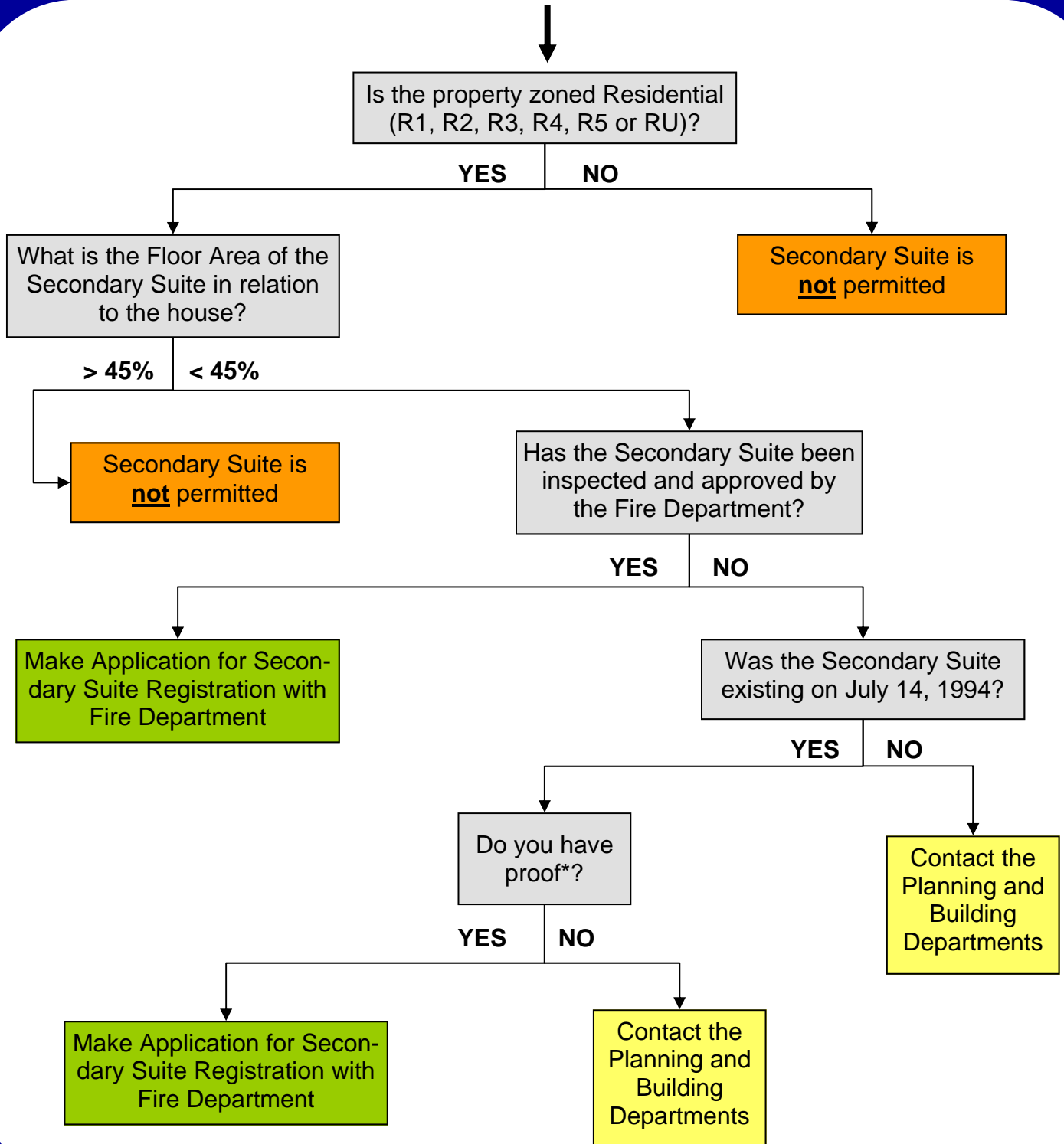




CAN I HAVE A SECONDARY SUITE?



* Acceptable proof of existing secondary suite includes one of the following:
a) building permit, b) affidavit of owner at time, c) rent cheques/receipts, or d) third party affidavit

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Application for Secondary Suite Registration

Application No. _____ Date Received _____

Location			
Municipal Address		Legal Description/ Lot & Plan	
Owner			
Last Name		First Name	
Mailing Address (if different)		Tel.	Fax
Agent (if other than registered owner)			
Last Name		First Name	
Tel.	Fax	Bus.	Other
E-mail Address		Relationship to Owner	
		<input type="checkbox"/> Contractor	<input type="checkbox"/> Property Manager
		<input type="checkbox"/> Other	
Location of Dwelling Units			
Main Dwelling Unit		Secondary Dwelling Unit	
<input type="checkbox"/> Main Floor		<input type="checkbox"/> Main Floor	
<input type="checkbox"/> Second Floor		<input type="checkbox"/> Second Floor	
<input type="checkbox"/> Basement		<input type="checkbox"/> Basement	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	
Size			
Floor area of Building:		Floor area of Secondary Suite	
Parking Spaces			
Total number of parking spaces		Location and Quantity	
		Garage	Driveway
		Front Yard	Rear Yard
		Side Yard	
Additional Information			
Is there a home-base business operating out of either dwelling unity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If yes, what type of business:	
* Acceptable proof of existing secondary suite includes one of the following: a) building permit, b) affidavit of owner at time, c) rent cheques/receipts, or d) third party affidavit (tenant/neighbour).			



Application for Secondary Suite Registration

Required Documents	Provided
Property Sketch (including the dimensions of the building, the location and setbacks of all buildings on the property, as well as the location and dimensions of all parking spaces)	<input type="checkbox"/>
Floor Plan Sketch (showing location and sizes of all rooms and all walls, doors, windows, stairs, kitchen facilities, bathroom facilities, heating systems and smoke alarms for all storeys)	<input type="checkbox"/>
Electrical Safety Authority (ESA) Clearance letter (no older than 6 months) → not required if inspected and approved	<input type="checkbox"/>

Owner Declaration

The undersigned hereby applies for registration of a Secondary Suite in accordance with the provisions of the Municipal Act and the Town of Midland By-law 2010-32.

To the best of my knowledge, the information provided in this application is true. I agree for the purposes of the Municipal Freedom of Information and Protection of Privacy Act, 1989, to authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Municipal Act for the purposes of processing this application.

Name (Please Print)

Signature by Owner

(Please note: this cannot be signed by an agent)

Dates