



Building Division
 100 John West Way
 Box 1000,
 Aurora, ON L4G 6J1
 905-727-3123 Ext. 4388
 Fax: 905-726-4731
 building@aurora.ca

TOWN OF AURORA
 Planning and Development Services

APPLICATION FOR REGISTRATION
 OF A TWO-UNIT HOUSE

Location of Dwelling to be Registered

Municipal Address _____

Applicant Applicant is: Owner or Authorized Agent of Owner

Last Name _____ First Name _____

Municipal Address _____ Unit Number _____

Municipality _____ Postal Code _____ Province _____ E-mail _____

Telephone _____ Fax _____ Mobile _____

Owner (if different from above)

Last Name _____ First name _____

Municipal Address _____ Unit Number _____

Municipality _____ Postal Code _____ Province _____ E-mail _____

Telephone _____ Fax _____ Mobile _____

Type / Location / Size of Unit

New Unit Existing Unit , Date Constructed _____ Referred to CYFS

Basement Main Floor Second Floor Attic Other _____

Floor Area: Primary Unit _____ f² m² / Second Suite Unit _____ f² m²

Declaration of Owner / Applicant

I _____ certify that the information contained in this application and attached documentation is true to the best of my knowledge.

 Signature of Owner / Applicant Date

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 of the *Municipal Act, 2001* for the purposes of this Application.

 Signature of Owner / Applicant Date

Office Use Only

Date of Application _____ Registration Application Number _____

Fee Received _____ Receipt Number _____

Notification sent to GIS for Second Suite addressing / Assigned Address
