



Building Division  
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TOWN OF AURORA  
 Planning and Development Services

**APPLICATION FOR REGISTRATION  
 OF A SECOND/THIRD DWELLING UNIT**

**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 \_\_\_\_\_                      Mobile \_\_\_\_\_

**Owner (if different from above)**

Last Name \_\_\_\_\_                      First name \_\_\_\_\_

Municipal Address \_\_\_\_\_                      Unit Number \_\_\_\_\_

Municipality \_\_\_\_\_                      Postal Code \_\_\_\_\_                      Province \_\_\_\_\_                      E-mail \_\_\_\_\_

Telephone \_\_\_\_\_                      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 \_\_\_\_\_  f<sup>2</sup>     m<sup>2</sup>

Second Suite Unit \_\_\_\_\_  f<sup>2</sup>     m<sup>2</sup>

Third Suite Unit \_\_\_\_\_  f<sup>2</sup>     m<sup>2</sup>

**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 \_\_\_\_\_                      Date \_\_\_\_\_