



Building Division
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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: <input type="checkbox"/> Owner or <input type="checkbox"/> 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			
<input type="checkbox"/> New Unit <input type="checkbox"/> Existing Unit , Date Constructed _____ <input type="checkbox"/> Referred to CYFS <input type="checkbox"/> Basement <input type="checkbox"/> Main Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Attic <input type="checkbox"/> Other _____ Floor Area: Primary Unit _____ <input type="checkbox"/> f ² <input type="checkbox"/> m ² / Second Suite Unit _____ <input type="checkbox"/> f ² <input type="checkbox"/> m ²			
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 <i>Municipal Freedom of Information and Protection of Privacy Act</i> , I authorize and consent to the use of the <i>Municipal Act, 2001</i> for the purposes of this Application. _____ Signature of Owner _____ Date			
Office Use Only			
Date of Application _____		Registration Application Number _____	
Fee Received _____		Receipt Number _____	
<input type="checkbox"/> Notification sent to GIS for Second Suite addressing / Assigned Address _____			