Building Division
100 John West Way
Box 1000
Aurora, ON L4G 6J1
(365) 500-2081
building@aurora.ca

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^2 ☐ m^2
Second Suite Unit _____ ☐ f^2 ☐ m^2
Third Suite Unit _____ ☐ f^2 ☐ 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 *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