

APPLICATION TO REGISTER AN ACCESSORY DWELLING UNIT

Proponents are encouraged to consult with the Office of Community Planning prior to submitting an application.

Please complete all applicable sections of the application form. An incomplete application will be returned to the applicant. For assistance, please contact the Office of Community Planning at 905-778-2055, ext. 1400.

All personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and the Planning Act, R.S.O. 1990, c. P.13, as amended, and will be used for the purposes of reviewing this application only. Questions regarding this collection may be directed to the Manager of Community Planning, 305 Barrie Street, Unit 2, P.O. Box 419, Bradford, Ontario, L3Z 2A9, Telephone: 905-778-2055, ext. 1401, Fax: 905-778-2070.

APPLICATION TYPE (check one)							
<input type="checkbox"/> Register an existing accessory dwelling unit in existence prior to July 14, 1994	<input type="checkbox"/> Register an existing accessory dwelling unit in existence after July 14, 1994	<input type="checkbox"/> Register new/proposed accessory dwelling unit					
PROPERTY INFORMATION							
Municipal Address:	Street No.	Street Name				Unit No.	
Roll No. (can be located through this SimcoeGIS link)			Date Subject Land Was Acquired By Current Owner				
OWNER/APPLICANT INFORMATION							
Property Owner Information (check one):		<input type="checkbox"/> Person(s)			<input type="checkbox"/> Company		
Registered Land Owner:		Surname			First Name		
Name:	Company Name		Company Officer		Officer's Title		
Application Contact:		Surname		First Name		Position	
Address:		Street No.	Street Name			Unit	
Municipality:			Province:		Postal Code:		
Telephone No.:		Fax No.:		Email:			

OFFICIAL PLAN/ZONING BY-LAW INFORMATION

Official Plan designation ([can be located Schedule B-1 link](#)):

Zoning ([can be located through this BWG link](#)):

SITE DESCRIPTION (metric)

	Frontage	Depth	Area
Subject Lands:			

MUNICIPAL SERVICES (check as applicable)

Water:	<input type="checkbox"/> Municipal	<input type="checkbox"/> Well	<input type="checkbox"/> Other <small>Explain</small>
Sanitary Sewers:	<input type="checkbox"/> Municipal	<input type="checkbox"/> Septic	<input type="checkbox"/> Other <small>Explain</small>

DETAILS OF THE DWELLING UNITS

Dimensions (in metric) and location of all dwelling units

Please note that Unit 2 is the accessory dwelling unit. (Attach a separate page if necessary)

Unit	Ground Floor Area	Total Floor Area	Number of Storeys	Location of Dwelling Unit (1st floor, 2nd floor, attic, basement, other – explain)
Primary Unit				
Accessory Dwelling Unit				

Describe the Configuration of the dwelling units
(for other, include information on living areas, laundry room, access, etc.)

Unit	Number of Bedrooms	Number of Bathrooms	Number of Kitchens	Other
Primary Unit				
Accessory Dwelling Unit				

Describe Use of Existing Building

Type of Structure (i.e., detached, semi, linked)	Dated Constructed	Current Use (i.e., residential)	Date Use Commenced

Describe the Proposed Parking Details for all Buildings and Structures Listed Above

<p>Number of Parking Spaces provided: (minimum parking space dimension is 2.7m x 6.0m)</p> <p>Please be aware parking spaces <i>cannot be located within Municipal right-of-way</i> and must be located within maximum driveway width, private garage, etc.</p> <p>Please see Section 5.15 of the Zoning By-law for clarification.</p>			
Surface of Parking Area:	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Gravel	<input type="checkbox"/> Other Explain

ZONING COMPLIANCE CONFIRMATION

Please confirm and **checkmark** that the following statements are true and convey that the proposed Accessory Dwelling Unit conforms with Zoning By-law 2010-050:

- Accessory Dwelling Unit will contain cooking, eating, living, sleeping and sanitary facilities.
- Following registration of the Accessory Dwelling Unit the property will have a total of 2 legal dwelling units (i.e., primary dwelling unit and accessory dwelling unit / basement apartment).
- The main building on the subject property is a detached dwelling, semi-detached dwelling, or place of worship.
- The Accessory Dwelling Unit will be entirely located within the main building.
- Access to Accessory Dwelling Unit is located through the main building (not the garage).
- The Accessory Dwelling Unit has a minimum floor area of 38.0 square metres (409 square feet).
- The maximum gross floor area dedicated to the Accessory Dwelling Unit does not exceed 45% of the main building.
- The property will contain a minimum of three (3) parking spaces with dimensions 2.7m x 6.0m entirely on private property (parking spaces cannot overhang onto right-of-way).

OWNER'S AUTHORIZATION OF AGENT

If an agent is used, the owner must complete this section. If there is more than one owner, a separate authorization from each individual or corporation is required. Attach an additional page(s) in the same format as this authorization if necessary.

I, _____ being the registered owner of the subject lands,

hereby authorize (print name of agent)

to submit the above application to the Town of Bradford West Gwillimbury and to provide any information or material required by the Town relevant to the application. I also agree to allow the Town of Bradford West Gwillimbury, its employees, and/or agents to enter upon the subject property for the purposes of conducting a survey, inspection, and/or tests that may be necessary to this application.

I understand that all the information, documents and drawings and plans provided with this application will be made available to the public, as required by the provisions of the *Planning Act*, R.S.O. 1990, c. P.13, as amended.

Signature:

Date:

Printed Name of Signatory:

Title:

OWNER'S/AGENT'S SIGNATURE

I, _____ of Town/City of _____

in the County/Region of _____ solemnly declare that:

All of the above statements and the statements contained in all of the exhibits submitted herewith are true and I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

As of the date of this application, I am (*circle one of the following*) the registered *Owner* or the *Agent* for the owner of the lands described in this application, I have examined the contents of this application, I certify as to the correctness of the information submitted with the application insofar as I have knowledge of these facts, and I concur with the submission of this application to the Municipality.

I understand that all the information, documents and drawings and plans provided with this application will be made available to the public, as required by the provisions of the *Planning Act*, R.S.O. 1990, c. P.13, as amended.

Declared before me at the Town/City of _____)
_____ in the County/Region _____)
of _____ this _____ day _____)
of _____ 20 _____)
_____)
_____)
_____)

Signature of Owner/Agent

Signature of Commissioner, Notary Public, etc.

For BWG Office Use Only

<i>Date Received:</i>	<i>Fee Received:</i>	<i>Fee Required: \$150.00</i>
<i>Application Received by:</i>		
<i>Outstanding Requirements:</i>		
<i>Date Application Deemed Complete:</i>	<i>Date Dwelling Unit Registered:</i>	
<i>Date Recognition Revoked:</i>	<i>Other:</i>	