

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 Fire				
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 <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	