



Application for Zoning Certificate

FOR OFFICE USE ONLY			
Application Complete:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Application Received:

A. Property Information		
Building Number	Street	Unit Number
Legal Description		
B. Applicant		
Last Name	First Name	Corporation or Partnership
Street Address		Unit Number
Municipality	Postal Code	Province
Telephone Number ()	Cell Number ()	Fax Number ()
Email Address *** A copy of the Zoning Certificate will be emailed to you, unless you have requested a hard copy in which case we will call you to arrange for pick up. ***		

B. Purpose of Application	
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition to Existing Building <input type="checkbox"/> Alteration or Repair <input type="checkbox"/> Demolition <input type="checkbox"/> Plumbing or Septic	<input type="checkbox"/> Curb Cut or Entrance Permit <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Sign <input type="checkbox"/> Other (please be specific) <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>

C. Exempt from Zoning Certificate

The following construction/development _____

Is exempt from the requirement of the issuance of a Zoning Certificate.

Planning and Building Services

Date

***** If your application has been exempt from the requirement for a Zoning Certificate, please submit this signed form with your application for a Building Permit. *****

D. Other Approvals Required

County of Simcoe <input type="checkbox"/>	Ministry of Transportation <input type="checkbox"/>	Public Works Engineering <input type="checkbox"/>	Other: _____
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E. Declaration of Applicant

I, _____ certify that:
(print name)

1. The information contained in this application, attached plans and specifications and other attached documentation is true to the best of my knowledge.
2. I have the authority to bind the corporation or partnership (if applicable).

Signature of Applicant

Date