



PLANNING & DEVELOPMENT DEPARTMENT
 BUILDING DIVISION
 THE CORPORATION OF THE TOWN OF MILTON
 150 Mary Street
 Milton, ON L9T 6Z5
 Phone: 905-878-7252
 Fax: 905-878-5639

For Office Use Only

| |
|---------------------------------------|
| Application No. |
| Application Date |
| Certificate of Occupancy (Zoning) Fee |

Application for CERTIFICATE OF OCCUPANCY (ZONING)

Unless all relevant questions are answered fully, this application cannot be considered.

Personal information on this form is collected under authority of the Milton Zoning By-law 144-2003, as amended, Section 1.5 and the Planning Act, RSO 1990, as amended and will be used in connection with the processing of your Certificate of Occupancy (Zoning) application. The information will only be used to compile statistics. Questions regarding the collection of personal information should be directed to the Town Clerk, Town of Milton, 150 Mary St. Milton, Ontario L9T 6Z5. Telephone enquiries can be made to the Town Clerk at 905-878-7252. The undersigned hereby applies for a Certificate of Occupancy (Zoning) and agrees to use the property for the use stated below, and it is expressly understood that the issuing of a Certificate of Occupancy (Zoning) does not relieve the applicant from complying with all relevant Town By-laws and Regulations and other government requirements. The applicant agrees that if this Certificate of Occupancy (Zoning) is revoked for any cause of irregularity or non-conformance with said By-laws or regulations that in consideration of the issuing of this certificate all claims are waived arising therefrom against The Corporation of the Town of Milton and its employees.

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|------------------------------|---|
| PROPERTY OWNER | NAME: _____ ADDRESS: _____ |
| | CITY: _____ POSTAL CODE: _____ PHONE: _____ CELL PHONE: _____ EMAIL: _____ |
| TENANT | NAME: _____ ADDRESS: _____ |
| | CITY: _____ POSTAL CODE: _____ PHONE: _____ CELL PHONE: _____ EMAIL: _____ |
| AGENT (if applicable) | NAME: _____ ADDRESS: _____ |
| | CITY: _____ POSTAL CODE: _____ PHONE: _____ CELL PHONE: _____ EMAIL: _____ |

CORRESPONDENCES TO BE MAILED TO: PROPERTY OWNER TENANT AGENT OTHER PICK-UP

PROPERTY LOCATION

STREET NAME AND NUMBER _____ UNIT NO. _____
 LOT/BLOCK _____ REGISTERED PLAN _____ OR CONCESSION _____ TOWNSHIP _____

PROPOSED BUSINESS OPERATION

NAME OF BUSINESS (Legal name) _____
 EXISTING BUSINESS OPERATION (if previously occupied) _____
 PROPOSED BUSINESS OPERATION _____
 TOTAL AREA OCCUPIED (m²) _____

I _____ the "Applicant" of the _____
Name (Please Print) City/Town

in the County/Region of _____ do solemnly declare:

1. THAT I am the OWNER AUTHORIZED AGENT TENANT named in this application
2. THAT the information contained in this application, attached schedules, attached plans and specifications, and other attached documentation is true and are made with the full knowledge of the circumstances connected with the same.
3. I believe this solemn declaration to be true, knowing that it is of the same force and effect as if made under oath by virtue of "The Canada Evidence Act".
4. I have authority to bind the corporation or partnership (if applicable).

 Applicant's signature Date

OFFICE USE ONLY

Zoning designation of the subject site: _____
 Relevant use(s) permitted on the subject site: _____

ZONING CERTIFICATION AUTHORIZED BY _____ DATE _____