



Registration Application Two-Unit House

Operations & Emergency Services Department
Fire Services Division
1616 Bayly Street
Pickering, ON L1W 3N2
Tel: 905.839.9968 Fax: 905.839.6327

Permit No. _____

Location	Municipal Address	Legal Description / Lot & Plan	
Owner	Last Name	First Name	
	Address	Tel.	Fax
Applicant (if other than registered owner)	Last Name	First Name	
	Tel.	Fax	Bus.
	Email Address		Other
Type of Dwelling	<input type="checkbox"/> Detached Dwelling <input type="checkbox"/> Semi-detached Dwelling <input type="checkbox"/> Other, please describe:		
Location of Dwelling Units	Main Dwelling Unit <input type="checkbox"/> Main Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Basement <input type="checkbox"/> Other	Accessory Dwelling Unit <input type="checkbox"/> Main Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Basement <input type="checkbox"/> Other	
Parking Spaces	Number of Parking Spaces (Parking spaces must be located on the same lot as the dwelling and located wholly on private property)	Location of Parking Spaces Garage spaces Driveway spaces Side Yard spaces Front Yard spaces Rear Yard spaces	
Additional Information	Is there a Home Based Business operating out of either dwelling unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the accessory dwelling unit existing or proposed? <input type="checkbox"/> Proposed Date of Construction <input type="checkbox"/> Existing	
	Owner Declaration The undersigned hereby applies for registration of an accessory Dwelling Unit in accordance with the provisions of the <i>Municipal Act</i> and City of Pickering By-law No. 6399/04. To the best of my knowledge, the information provided in this application is true. I agree for the purposes of the <i>Municipal Freedom of Information and Protection of Privacy Act, 1989</i> , to authorize and consent to the use by or the disclosure to any person or public body of any personal information that is collected under the authority of the <i>Municipal Act</i> for the purposes of processing this application. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Name (Please Print) _____ Date _____ </div> <div style="width: 45%;"> Signature by Owner _____ (Please note, this cannot be signed by an agent) </div> </div>		

Registration	For Office Use Only	
	1. Compliance with Section 9.8 of the Ontario Fire Code Final Fire Safety Inspection Report issued on _____	Initial
	2. Building permit required <input type="checkbox"/> yes <input type="checkbox"/> no If yes, copy of Building Permit with Inspector signoff required	
	3. Final payment received: Amount \$ _____ Receipt # _____ Received By _____ Payment <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card	
4. Registration authorized: _____ Certificate issued: _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Signature _____</div> <div style="width: 30%;">(Print Name) _____</div> <div style="width: 30%;">Date _____</div> </div>		