



# RESIDENTIAL DEVELOPMENT CHARGES INFORMATION FORM

THIS FORM IS TO BE COMPLETED PRIOR TO  
ISSUANCE OF A BUILDING PERMIT APPLICATION

Effective: **July 2022**

## SECTION A: TO BE COMPLETED BY APPLICANT

|              |                             |
|--------------|-----------------------------|
| <b>DATE:</b> | <b>BUILDING PERMIT NO.:</b> |
|--------------|-----------------------------|

|                      |                   |
|----------------------|-------------------|
| <b>CONTACT NAME:</b> | <b>PHONE NO.:</b> |
|----------------------|-------------------|

### INFORMATION REGARDING APPLICATION FOR BUILDING PERMIT

|                           |                         |
|---------------------------|-------------------------|
| <b>MUNICIPAL ADDRESS:</b> | <b>LOT/CON/PLAN NO.</b> |
|---------------------------|-------------------------|

|                  |
|------------------|
| <b>ROLL NO.:</b> |
|------------------|

|  | 1 Bedroom & Smaller Apt. | 2 Bedroom & Larger Apt. | Medium Density Multiple | Single and Semi Detached | Total |
|--|--------------------------|-------------------------|-------------------------|--------------------------|-------|
| <b>Number of Units to be constructed</b> |                          |                         |                         |                          |       |
| <b>Number of Secondary Units</b>         |                          |                         |                         |                          |       |

**Is this application for a new building?** Yes  No

**Is this an application for expansion of an existing building?** Yes  No

**If yes,** what is the gross floor area of the existing building? \_\_\_\_\_  
 what is the gross floor area of the addition? \_\_\_\_\_

**Has an existing building on site been demolished?** Yes  No

Date of Demolition: \_\_\_\_\_ G.F.A. \_\_\_\_\_  
 Type of Building: \_\_\_\_\_

**What were the number of residential units?**

1 bedroom or smaller apt. \_\_\_\_\_ 2 bedroom or larger Apt. \_\_\_\_\_  
 Medium density \_\_\_\_\_ Single/semi-detached \_\_\_\_\_

How many commercial square feet: \_\_\_\_\_  
 How many institutional square feet: \_\_\_\_\_  
 How many industrial square feet: \_\_\_\_\_

**Date of Site Plan Application under Subsection 41(4) of the Planning Act:** \_\_\_\_\_

**Date of Zoning By-law Amendment Application under Section 34 of the Planning Act:** \_\_\_\_\_

**Date Site Plan Application was approved:** \_\_\_\_\_

**Date Zoning By-law Amendment was approved:** \_\_\_\_\_

Is this for a long-term care or retirement home or rental housing as defined in Reg. 454/19? Yes  No

Is this for a non-profit housing development as defined in Reg. 454/19? Yes  No

If a long-term care/retirement home or rental housing, payment upfront or over 5 years? Upfront  Over 5 years

If a non-profit housing development, payment upfront or over 5 years? Upfront  Over 5 years

## SECTION B: FOR OFFICE USE ONLY

|   | NUMBER | RATE            | TOTAL |
|---|--------|-----------------|-------|
| Single-detached & Semi-detached dwellings |        | <b>\$19,524</b> |       |
| Apartment building                        |        | <b>\$9,763</b>  |       |
| All other multiple dwellings              |        | <b>\$14,947</b> |       |
| Special care/Special needs                |        | <b>\$6,711</b>  |       |

**APPROVAL SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_