

## **Application to License a Second Unit**

For Use by Principal Authority					
Application Number:			Date Received:		
Roll No.:		Fee Received:			
Property Address:					
Applicant Information					
Name of Applicant/Agen	t:				
Street Address:			City:	Postal Code:	
Telephone No.:		Email:	,	1	
Name of Owner(s) if different from Applicant/Agent:					
Street Address:		City:	Postal Code:		
Telephone No.: Email:					
Property Information					
Municipal Address of Dwelling to be Registered:					
Legal Description:					
Concession:	Lot:		R-Plan:	Part/Block	
Zone:					
Lot Area (m²):			Lot Frontage (m):		
Purpose of Application			·		
Recognizing Existing	Second Unit	<u>OR</u>	Establishmer	nt of a New Second Unit	
Has application for registration as a second unit previously been made?					
☐ No ☐ Yes - If <i>Yes</i> , was the application: ☐ Approved ☐ Denied					
Unit Information					
Unit Type: New	☐ Existing		Size of Dwelling: Size of Secondary Unit:	$m^2$ or $ft^2$ $m^2$ or $ft^2$	
Unit Location:	Within an Existin Basement Main Floor Second Floo	r	Existing Ac New Acces	ucture cessory Structure sory Structure e Accessory Structure	

Complete this section only if the 2 <sup>nd</sup> Unit wi	Il be located within an accessory structure:
Distance from Principal Dwelling:	m
Height of the Principal Structure:	m
Height of Accessory Structure:	m
Parking (A minimum of three (3) parking space	es must be demonstrated on site plan)
Number of Parking Spaces to be Provided:	
Outdoor Amenity Area (Outdoor amenity spa	ce must be demonstrated on site plan)
Location of Outdoor Amenity Space:	
Area of Outdoor Amenity Space:	
Dimensions of Outdoor Amenity Space:	
Application Submission must include the form Completed Application Application Fee Site Plan/ Property Sketch demonstrating:	s aces nenity space
Declaration of Appl	licant or Authorized Agent
The following declaration <u>must be signed</u> by the I declare that the information contained in this apother attached documentation is true to the best	pplication, attached schedules, attached plans, and
Print Name (Owner or Agent)	Signature (Owner or Agent)
Date	
Please submit completed application and supporting	ng documents by email to planning@selwyntownship.ca