

Application to Register an Additional Dwelling Unit(s)

City of North Bay

For use by Registrar			
Application Number:		Building Permit Number:	
		Fire Retrofit Reference:	
Date Received:		Roll Number:	
A. Project Information			
Building Number, Street Name		Unit Number	Lot/Con.
Municipality	Postal Code	Plan Number/Other Description	
B. Main Dwelling Unit Information			
Is the Main Dwelling Unit:		<input type="checkbox"/> New <input type="checkbox"/> Existing Size of Primary Unit (m ²):	
Type of Dwelling Unit:		<input type="checkbox"/> Single detached dwelling <input type="checkbox"/> Semi-detached dwelling <input type="checkbox"/> Row dwelling <input type="checkbox"/> Street townhouse dwelling	
C. Additional Dwelling Unit Information			
Is the Additional Dwelling Unit:		<input type="checkbox"/> New <input type="checkbox"/> Existing Size of Additional Unit (m ²):	
Location of Unit: (within) Primary Dwelling		<input type="checkbox"/> Addition <input type="checkbox"/> Basement <input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Other:	Accessory Structure: <input type="checkbox"/> New <input type="checkbox"/> Existing Type of Accessory Structure: <input type="checkbox"/> Detached Garage <input type="checkbox"/> Shed <input type="checkbox"/> Other:
Is there a current Additional Dwelling Unit located on the property?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you proposing a second Additional Dwelling Unit on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of existing or proposed second ADU?		<input type="checkbox"/> Addition <input type="checkbox"/> Basement <input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Other:	Accessory Structure: <input type="checkbox"/> New <input type="checkbox"/> Existing Type of Accessory Structure: <input type="checkbox"/> Detached Garage <input type="checkbox"/> Shed <input type="checkbox"/> Other:
D. Applicant Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name		First name	Corporation or partnership
Building Number, Street Name		Unit Number	Lot/Con.
Municipality	Postal code	Province	Email
Telephone number	Fax	Cell number	

E. Owner (if different from Applicant)			
Last name		First name	Corporation or partnership
Building Number, Street Name		Unit Number	Lot/Con.
Municipality	Postal code	Province	Email
Telephone number	Fax	Cell number	
F. Completeness and Compliance with Applicable Law			
i)	This application meets all the requirements of Additional Dwelling Units By-law No. 2023-40.		<input type="checkbox"/> Yes <input type="checkbox"/> No
ii)	This application is accompanied by the plans and specifications prescribed by the applicable by-law.		<input type="checkbox"/> Yes <input type="checkbox"/> No
iii)	This application is accompanied by the information and documents prescribed by the applicable by-law which enable the chief building official to determine whether the proposed registration will contravene any applicable law.		<input type="checkbox"/> Yes <input type="checkbox"/> No
iv)	The proposed building, construction or demolition will not contravene any applicable law.		<input type="checkbox"/> Yes <input type="checkbox"/> No
v)	Does the property currently have at least two on-site parking spaces?		<input type="checkbox"/> Yes <input type="checkbox"/> No
vi)	Can the site accommodate three (3) on-site parking spaces except in the case of properties located in the area shown on Schedule F to Zoning Bylaw No.2015-30?		<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Declaration of Applicant			
I, _____ declare that			
1. The information contained in this application, attached schedules, and other attached documentation is true to the best of my knowledge.			
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.			
Date		Signature of Applicant	
H. Information of Applicant			
I, _____ agree that any information collected through the Registration of the Additional Dwelling Unit can be shared with other Municipal Agencies (Fire Department, Planning and Building Services, Canada Post, MPAC, Public Works and any other departments or agencies that may need the information).			
Date		Signature of Applicant	
I. Consent of the Owner to use and Disclose Personal Information			
I, _____ am the owner of the land that is the subject of this application and for the purposes of the Freedom of Information and Protection of Privacy Act, I authorize and consent to the use by or the disclosure to any person or body of public any personal information that is collected under the authority of the Planning Act for the processing of this application.			
Date		Signature of Applicant	