

Additional Residential Dwelling Unit registration form



A. Property information

Property address, including unit number: _____

Where is the proposed additional residential dwelling unit(s) located?

a) In the main dwelling? Yes No N/A

Location in the main dwelling: _____

b) Within a separate building on the same lot? Yes No N/A

Location on the property: _____

Number of bedrooms in additional residential dwelling unit in primary building:

Number of bedrooms in additional residential dwelling unit within a separate building on the same lot:

Is there a previously registered additional residential dwelling unit on the property?

Yes No

B. Owner information

Corporation or partnership (if applicable): _____

Last name: _____

First name: _____

Primary residence, including unit number: _____

Municipality: _____

Postal code: _____

E-mail: _____

Phone number: _____

C. Owner declaration

As the owner of the existing/proposed additional residential dwelling unit(s) at the above noted location, I hereby make this application to register the additional residential dwelling unit(s) with the City of Guelph as required under Sections 7. and 10. of City of Guelph By-law (2021)-20609, as amended.

Date: _____

Signature of owner: _____

Collection of Personal Information

Personal information is being collected and will be used for the purposes of verifying property ownership and to communicate with the owner.

Personal information, as defined by Section 2 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA.

If you have questions about the collection, use or disclosure of this personal information please call 519-822-1260 extension 2349 or email privacy@guelph.ca.

Alternate formats of this document are available as per the Accessibility for Ontarians with Disabilities Act by contacting Building Services at 519-837-5615 or email building@guelph.ca.

For use by Principal Authority

Folder number: _____ Fee collected: _____

Inter-office inspections and approvals

A. Zoning Services

Approved date: _____ Signature: _____

Not approved, reason: _____

Pending approval: _____

B. Building Services

Folder number: _____

Approved date: _____ Signature: _____

Not approved, reason: _____

Not applicable

Electrical Safety report submitted - date of report: _____

Comments: _____

C. Fire Department

Folder number: _____

Approved date: _____ Signature: _____

Not approved, reason: _____

Not applicable

Electrical Safety report submitted - date of report: _____

Formal registration of additional residential dwelling unit

Date: _____

Signature of Chief Building Official or designate: _____