

Two unit house registration form



A. Property information

Property address, including unit number: _____

Municipality: _____ Postal code: _____

Location of second unit in house: _____

Number of bedrooms in host unit: _____

Number of bedrooms in second unit: _____

Approximate age of second unit: _____

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 two unit house at the above noted location, I hereby make this application to register the two unit house with the City of Guelph as required under Section 3.-(1) of City of Guelph By-law (2017)-20199, 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 two unit house

Date: _____

Signature of Chief Building Official or designate: _____