



Development Services
180 Kent Street West, Lindsay ON K9V 2Y6
Tel: 705-324-9411
Website: www.kawarthalakes.ca

Application for Registration of Additional Residential Units (ARUs)

1. Owner / Applicant

Registered Owner(s)

Full Name(s):

Mailing Address:

City:

Postal Code:

Phone:

Email:

Applicant (if different than Owner)

Full Name:

Mailing Address:

City:

Postal Code:

Phone:

Email:

2. Location and Description of the Subject Land

Municipal Address:

Assessment Roll Number:

Primary Residential Unit:

Single detached dwelling

Semi-detached dwelling

Townhouse dwelling

Occupancy of the Primary Residential Unit:

Owner

Tenant

Other (e.g. relationship to Owner)

Location of the ARU:

Within the same building as the primary residential unit

Within an accessory building or structure

Is the ARU Existing?

Yes

No

Total Number of Parking Spaces on the Subject Property:

1

2

3

4

More than 4

Are There Any Existing, Registered ARUs on the Subject Property?

No - this is the first ARU

Yes - there is one or more registered ARU(s)

Is There a Bed and Breakfast Use on the Subject Property?

Yes

No

3. Declaration of Owner

I/We, (print name(s)) _____ certify that:

I/We am/are the registered owner(s) of the land that is subject to this application for approval of this document and, for the purpose of the Municipal Freedom of Information and Protection of Privacy Act, I/We authorize and consent to use by or the disclosure to any person or public body of any personal information that is collected under the authority of the Municipal Act, 2001 for the purposes of processing this application. If the owner is a corporation or partnership, I have authority to bind the corporation or partnership.

Signature of Owner:

Date:

Signature of Owner:

Date:

4. Authorization

Consent of the Owner(s) for Applicant to Make Application

I/We, (print name(s)) _____ am/are the owner(s) of the land that is the subject of this application, if the owner is a corporation or partnership, I have authority to bind the corporation or partnership; and

I/We authorize (print name) _____ to make this application on my/our behalf and to provide any of my/our personal information that will be included in this application or collected during the processing of this application.

Signature of Owner:

Date:

Signature of Owner:

Date: