

[Redacted Section]

Toronto and East York

Project Location IBMS Property RSN

Street Number	Street Name	Suite/Unit Number
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Note: A Zoning Applicable Law Certificate is required for: Recycling Uses; Transfer Stations; Drive-thrus; Patios and any use not indicated on the list below.

Proposed Use (check all boxes that apply)

<input type="checkbox"/> Animal Care	<input type="checkbox"/> Boarding	<input type="checkbox"/> Clinic/Hospital	
<input type="checkbox"/> Auto/Vehicle	<input type="checkbox"/> Sales / Leasing / Rental	<input type="checkbox"/> Vehicle Repair	<input type="checkbox"/> Auto body
	<input type="checkbox"/> Outdoor Storage	<input type="checkbox"/> Carwash	<input type="checkbox"/> Fuel Re-filling Station
<input type="checkbox"/> Child Care	<input type="checkbox"/> New	<input type="checkbox"/> Expand / Alter Existing	
<input type="checkbox"/> Commercial (Retail, Financial Institutions, Fitness Centre, etc...)			
<input type="checkbox"/> Restaurant	Take Out: <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Seats: _____ Licensed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Institutional (School, Library, Hospital, Community Centre, Place of Worship, etc...)			
<input type="checkbox"/> Manufacturing	Includes food pre / catering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Includes outside storage of materials / goods?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Medical / Dental / Drugless Practitioner / Holistic			
<input type="checkbox"/> Parking Lot			
<input type="checkbox"/> Personal Service (Personal Grooming, Hair Salon, Spa, etc...)			
<input type="checkbox"/> Office			

Business Name:

Type of Building Multi Tenant Single Tenant

Location within building Entire Building Basement Ground Floor
 Second Floor Other:

Describe activities associated with proposed use:

Zoning Use Review

Applicant Declaration

IBMS Property RSN

<input type="checkbox"/> Private Individual		<input type="checkbox"/> Business (for business representative, please insert business contact information)	
First Name		Last Name	
Company Name (if applicable)			
Street Number	Street Name	Suite/Unit Number	
City/Town		Province	Postal Code
Telephone Number	Mobile Number	Fax Number	Email

I do hereby declare the following:

- That information contained in this request form is true and made with full knowledge of all relevant matters and of the circumstances connected with this request.
- That I understand that this review does not relieve the owner from complying with the Ontario Building Code Act, all applicable Bylaws and Regulations.
- That I understand that this review only confirms that a particular use at the location stated above, is a listed use in the applicable Zoning By-law(s).
- That I understand this review does not confirm that a building complies with all requirements in the applicable Zoning By-law(s).

I hereby certify that I have read and agree to the conditions above.

.....
Applicant Signature

.....
Name (First, Last) – Print

.....
Date (yyyy-mm-dd)

Toronto Building collects personal information on this form under the legal authority of the Building Code Act, 1992, section 8. The information will be used for processing applications and creating aggregate statistical reports. Questions about this collection can be directed to the Customer Service Manager in the appropriate district. Toronto East York District, 100 Queen Street West, Ground Floor, West Tower, Toronto, Ontario, M5H 2N2 or by telephone at (416) 392-7539; North York District, 5100 Yonge Street, 1st Floor, Toronto, Ontario, M2N 5W4 or by telephone at (416) 395-7000; Etobicoke York District, 2 Civic Centre Court, 1st Floor, Toronto, Ontario, M9C 2Y2 or by telephone at (416) 394-8002, Scarborough District, 150 Borough Drive, 3rd Floor, Toronto, Ontario, M1P 4N7 or by telephone at (416) 396-752.