



Application Form

Zoning Applicable Law Certificate Request

This is NOT a permit Application Form

A. Project information			
Street Number	Street Name	Suite/Unit Number	Postal Code
Existing Use		Proposed Use	
Project Description			

B. Owner Information (This section is not mandatory)			
<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	Lot/con.
City/Town	Province	Postal Code	Telephone Number
Email		Mobile Number	

C. Applicant's Information			
<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	Lot/con.
City/Town	Province	Postal Code	Telephone Number
Email		Mobile Number	

D. Applicant's Declaration

I do hereby declare the following:

- That I am the owner as stated above
- the owner's authorized agent
- an officer/employee of , which is an authorized agent of the owner.
- an interested party

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D. Applicant's Declaration (Continued)

- that statements contained in this request form are true and made with full knowledge of all relevant matters and of the circumstances connected with this request
- that the information included in this request and in the documents filed with this request are correct.
- that the plans and specifications submitted are prepared for the construction or alteration of the building or buildings described and are submitted in compliance with copyright law.
- that I understand that this review does not relieve the owner from complying with the Ontario Building Code Act, all applicable By-laws and Regulations.
- a Building Permit application made by the owner/applicant for this proposal within 1 year of the date of issuance of the Zoning Applicable Law Certificate will be eligible for a reduction in fees equal to the fee paid for this Zoning Applicable Law Certificate application only.

I hereby certify that I have read and agree to abide by 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 in the administration and enforcement of the Building Code Act, 1992. 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; **North York District**, 5100 Yonge Street, Ground Floor, Toronto, Ontario, M2N 5V7; **Etobicoke York District**, 2 Civic Centre Court, 1st Floor, Toronto, Ontario, M9C 2Y2; **Scarborough District**, 150 Borough Drive, 3rd Floor, Toronto, Ontario, M1P 4N7 or by telephone at (416) 397-5330.