



RESIDENTIAL DEVELOPMENT CHARGES INFORMATION FORM

THIS FORM IS TO BE COMPLETED PRIOR TO
ISSUANCE OF A BUILDING PERMIT APPLICATION

Effective: **July 10, 2023**

SECTION A: TO BE COMPLETED BY APPLICANT

DATE:	BUILDING PERMIT NO.:
CONTACT NAME:	PHONE NO.:

INFORMATION REGARDING APPLICATION FOR BUILDING PERMIT

MUNICIPAL ADDRESS:	LOT/CON/PLAN NO.
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ROLL NO.:

	1 Bedroom & Smaller Apt.	2 Bedroom & Larger Apt.	Medium Density Multiple	Single and Semi Detached	Total
Number of Units to be constructed					
Number of Secondary Units					

Is this application for a new building? Yes No

Is this an application for expansion of an existing building? Yes No

If yes, what is the gross floor area of the existing building? _____
 what is the gross floor area of the addition? _____

Has an existing building on site been demolished? Yes No

Date of Demolition: _____ G.F.A. _____
 Type of Building: _____

What were the number of residential units?

1 bedroom or smaller apt. _____ 2 bedroom or larger Apt. _____
 Medium density _____ Single/semi-detached _____

How many commercial square feet: _____
 How many institutional square feet: _____
 How many industrial square feet: _____

Date of Site Plan Application under Subsection 41(4) of the Planning Act: _____

Date of Zoning By-law Amendment Application under Section 34 of the Planning Act: _____

Date Site Plan Application was approved: _____

Date Zoning By-law Amendment was approved: _____

Is this for a long-term care or retirement home or rental housing as defined in Reg. 454/19? Yes No

Is this for a non-profit housing development as defined in Reg. 454/19? Yes No

If a long-term care/retirement home or rental housing, payment upfront or over 5 years? Upfront Over 5 years

If a non-profit housing development, payment upfront or over 5 years? Upfront Over 5 years

SECTION B: FOR OFFICE USE ONLY

	NUMBER	RATE	TOTAL
Single-detached & Semi-detached dwellings		\$20,268	
Apartment building		\$10,135	
All other multiple dwellings		\$15,517	
Special care/Special needs		\$6,967	

APPROVAL SIGNATURE _____ **DATE:** _____