

Tourist Home Liability Insurance: (attach copy)

Amount: \$ _____

Name & Address of Policy Carrier: _____

Policy No: _____

ALTHOUGH NOT A REQUIREMENT OF THIS APPLICATION, THE APPLICANT IS ENCOURAGED TO SUBMIT DIRECTLY TO THE FIRE, HEALTH, PLANNING AND BUILDING DEPARTMENTS THE FOLLOWING INFORMATION WHICH WILL ASSIST IN EXPEDITING REVIEW OF THE APPLICATION.

1. Survey or accurate sketch of the subject property showing existing buildings and dimensions (i.e. setbacks, building size, number and location of parking spaces, etc.)
2. Proposed floor plan showing ingress/egress, building partitions etc., with dimensions and floor area calculations
3. If you are completing renovations, you may require a **Building Permit**, and if you will be erecting a sign for the Tourist Home, you will likely require a **Sign Permit**. Please contact the City's **Building Department** for further information.
4. If you are constructing a new building or an addition to an existing building, or if you are altering a building that has the effect of substantially increasing the usability of the existing building, you may require **Site Plan Approval** from City Council. Please contact the City's **Planning Division** for further information.

IF INSUFFICIENT INFORMATION IS PRESENTED, THE CITY RESERVES THE RIGHT TO HOLD THE APPLICATION IN ABEYANCE AND REQUEST ADDITIONAL INFORMATION.

The information on this application is gathered in accordance with the Municipal Act, S.O. 2001, Chapter 25. This application is to be used by the City for administrative purposes and will be distributed to various City departments for comment to determine if a licence should be granted. All information of a personal or private nature is protected by the Municipal Freedom of Information and Protection of Privacy Act, RSO 1990 c. M 56. Any or all of the information contained on this form may be subject to disclosure under the Act if circumstances warrant. By signing this form, permission is granted for Health, Fire, Building and By-law inspectors to enter the above named residence for the purposed of inspection for compliance regulations.

I declare that the information in this Application is true. I agree to conform to the regulations and applicable schedules of all By-laws to which this application pertains.

Signature

Date

OFFICE USE ONLY		
LICENCE FEE: \$ _____	RECEIVED BY: _____	RECEIPT #: _____
<u>DISTRIBUTION:</u>		
<input type="checkbox"/> COMMUNITY PLANNER	<input type="checkbox"/> CHIEF BUILDING OFFICIAL	
<input type="checkbox"/> BY-LAW ENFORCEMENT OFFICER	<input type="checkbox"/> FIRE DEPARTMENT	
<input type="checkbox"/> HEALTH UNIT	<input type="checkbox"/> POLICE	
<input type="checkbox"/> FINANCIAL SERVICES/TAX	<input type="checkbox"/> TOURISM MANAGER	
DATE APPLICATION APPROVED IN PRINCIPLE BY COUNCIL: _____		
DATE FINAL APPROVAL GRANTED AND LICENCE FORWARDED: _____		