



APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

One King Street West, P.O. Box 5000
Brockville, Ontario K6V 7A5
Tel. (613) 342-8772, ext. 4463 – Email: planning@brockville.com

[File No. 608- _____]
(File No. to be entered by Planning Dept.)

Part 1.0, Section 1.10 of Zoning By-law 050-2014 states: “No person shall change the use of any lot covered by this By-law, or of any building or structure on any such lot or of any part of such lot, building or structure without having applied for and received a Certificate of Occupancy under *The Planning Act*, issued by the Corporation or its appointed agent. Issuance of such Certificate of Occupancy by the Corporation will imply that the proposed use is in compliance with this By-law. Applications for Certificate of Occupancy shall be made on the prescribed forms and shall be known as Certificate of Zoning Compliance.

Please submit the completed application for Certificate of Zoning Compliance to the Planning Department for review. The issuance of a Certificate of Zoning Compliance by the City will advise that your proposed change in use complies with the provisions of the Zoning By-law.

Ownership Information:		
Name of Property Owner: _____		
Address (include postal code): _____		
Telephone No.: _____	Fax No.: _____	Email: _____
Applicant/Agent Information:		
Name of Applicant/Agent: _____		
Address (include postal code): _____		
Telephone No.: _____	Fax No.: _____	Email: _____
Location and Legal Description of Subject Property:		
Legal Description of lands: _____		
Municipal Address of lands/building to be occupied: _____		
Proposed Business Information - Proposed use in detail (include business name and continue overleaf if necessary):		
List other uses in the building:		
1. _____		2. _____
Parking Information:		
No. of existing parking spaces: _____	Number of existing loading space(s) – if any: _____	
No. of existing bicycle parking spaces: _____		

Information respecting the area to be occupied:	
Floor Area: : _____ m ² Current use of area: _____ <i>(show location and size of windows on required sketch)</i>	Height of ceiling (m): _____ Number of Windows: _____ Size of window(s) (m2): _____
Alterations/Repairs/Renovations:	
Are any alterations/repairs proposed: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please specify:</i>	
Signatures required:	
Signature of Owner:	Signature of Applicant/Agent:
Date Signed:	Date Submitted:

*** A floor plan and a site plan are required to complete this application. Please ensure that information with respect to floor area, location of the area to be occupied for the home occupation, and the size of the windows in the area to be occupied are included on your sketch.**

Please contact Andrew McGinnis, (613) 342-8772, ext. 4421; email: amcginnis@brockville.com if you have any questions with respect to completing the application.