

**STATUTORY DECLARATION
FOR A RESIDENT PHYSICIAN, DENTIST, DRUGLESS PRACTITIONER
OR HEALTH PROFESSIONAL**

CANADA)	
)	IN THE MATTER OF an application to establish
)	an office for a resident physician, dentist, drugless
PROVINCE OF ONTARIO)	practitioner or health professional in a detached
)	dwelling.
)	

I, _____ solemnly declare that:

1. I am the registered property owner and/or tenant of a detached dwelling on the property municipally known as _____, Mississauga, Ontario (the "property").
2. Pursuant to subsection 1.1.13 of the City of Mississauga Zoning By-law No. 225-2007, as amended, I have submitted an application to the City of Mississauga, Building Division for a Zoning Certificate of Occupancy to establish an office for a resident physician, dentist, drugless practitioner or health professional on the property, in accordance with subsection 4.1.17.
3. I am a person authorized to practise:
 - as a physician under the *Medicine Act*, 1991, S.O. 1991, c.30, as amended; or
 - as a dentist under the *Dentistry Act*, 1991, S.O.1991, c.24, as amended; or
 - as a drugless practitioner under the *Drugless Practitioners Act*, R.S.O. 1990, c.D.18, as amended; or
 - as a health professional under the *Regulated Health Professions Act*, 1991, S.O. 1991, c.18, as amended;
 in the Province of Ontario.
4. The property is my principal private residence and I will not be an occasional or casual resident of the property.
5. The property is not located within an 800.0 m radius of an existing office of a resident physician, drugless practitioner or health professional in a residential zone.
6. I will be the only practising resident physician, dentist, drugless practitioner or health professional on the property.
7. I will only have a maximum of one (1) employee on the property.
8. I will not permit overnight accommodation of patients on the property.

AND I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME)
 at the _____ of _____)
 in _____)
 this ___ day of _____, 20__) _____

Signature of Notary Public, etc.

Name of Notary Public, etc. (please print)

Address of Notary Public, etc.