Application to Register a Second Unit

MISSISSAUGA

Planning and Building Department

300 City Centre Drive Mississauga, ON L5B 3C1 Contact 905 615 4311

public.info@mississauga.ca

(in accordance with By-law 114-16)

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For use by Principal Authority									
ADU ID:	Building Permit number (if applicable):								
Date received:	Completion Date:								

Date received: C		Completion Date:							
A. Location of Second Unit									
	treet Address				Unit number	Lot/con.			
Municipality	Postal code		Plan number/other description						
B. Applicant Applicant is	·			rized agent of owner					
Last name	First name Corp		Corporation	Corporation or partnership					
Street address					Unit number	Lot/con.			
Municipality	Postal code Pro		Province		E-mail				
Telephone number	Fax			Cell number					
C. Owner (if different from applicant)									
Last name	First name		Corporation	or partne	ership				
Street address					Unit number	Lot/con.			
Municipality	Postal code		Province		E-mail				
Telephone number	Fax				Cell number				
D. Creation of Unit									
□ Proposed New Second □ Existing Second Unit created Unit □ Existing Second Unit created Unit □ Existing Second Unit created July 14, 1994									
E. Declaration of Owner									
Icertify that:									
(print name)									
 The information contained in this application, attached schedule, attached plans and specifications, and other attached documentation is true and accurate to the best of my knowledge. I/we are the owners of the above indicated property. The Second Unit complies with the Ontario Building Code, Ontario Fire Code, Ontario Electrical Safety Code (as required by the Ontario Fire Code), By-law 114-16, and any other applicable law. The certificate may be revoked by the Registrar in accordance with section 16 of the Second Unit Registration Bylaw Insurance: As a landlord, you are responsible for ensuring that you have proper home insurance coverage and are responsible for making your insurance provider aware that you have a second unit. You are also responsible for ensuring that all tenants have proper insurance coverage. Waiver: By registering my second unit, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, covenant not to sue, and hereby waive, release and discharge the City of Mississauga, its Mayor, councillors, officers, employees, volunteers, successors and assigns (collectively the "Released Parties") from any and all losses, liabilities, damages, actions, suits, claims, demands (collectively hereinafter the "Claims"), whether direct or indirect for personal injury, illness, loss of life or property damage of any kind or nature, arising from or in any way related to the use of my second unit. Indemnity: By registering my second unit, I agree to fully indemnify and defend the City of Mississauga and/or any of the Released Parties from and against any and all Claims brought against the City of Mississauga and/or any of the Released Parties including all related costs and expenses and against any loss, costs, damages or expenses which the City and/or any of the Released Parties may sustain, suffer, incur or be liable for resulting from, arising from or in any way related to t									
			Signature of	O		_			

Personal information contained in this form schedules and application is collected under the authority of City of Mississauga By-law 114-16 and will be used for the purpose of assessing the application and to enforce By-law 114-16. Questions about the collection of personal information may be addressed to the Second Unit Registrar, City of Mississauga, 300 City Centre Drive, Mississauga ON L5B 3C1.