

Application for Certificate of Occupancy (Zoning)



City of Mississauga, Planning and Building Department
 300 City Centre Drive, MISSISSAUGA ON L5B 3C1
 Tel: 3-1-1 (905-615-4311 outside City limits) FAX: 905-896-5638
 www.mississauga.ca/permits

Personal information on this form is collected under authority of the Mississauga Zoning By-law 0225-2007, as amended, Subsection 1.1.13 and the Planning Act, R.S.O. 1990, c. P. 13, Section 34 (6) and will be used in connection with the processing of your Certificate of Occupancy (Zoning) application. The information will only be used to compile statistics. Questions about the collection of personal information should be directed to the Manager, Customer Service, Planning and Building Department, City of Mississauga, 300 City Centre Drive, Mississauga, Ontario, L5B 3C1, 905-615-3200, ext. 4248.

APPLICATION	
No.	▶
*Web I.D.	▶
Date Issued	▶

TO THE ZONING ADMINISTRATOR

The undersigned hereby applies for a Certificate of Occupancy (Zoning) and agrees to use the subject property for the use stated below, and it is expressly understood that the issuing of a Certificate of Occupancy (Zoning) does not relieve the applicant from complying with all relevant City By-Laws and Regulations and all other governmental requirements. The applicant agrees that if this certificate is revoked for any cause or irregularity or non-conformance with said By-Laws or Regulations, that in consideration of the issuing of this certificate all claims are waived arising therefrom against The Corporation of the City of Mississauga and its employees.

PLEASE PRINT AND PRESS FIRMLY

PROPERTY OWNER	Legal Name	Phone No.	
	Address	City	Postal Code
	eMail address	Fax No.	
TENANT	Name	Phone No.	Cell No.
	Address	City	Postal Code
	eMail address	Fax No.	
AGENT	Name	Phone No.	Cell No.
	Address	City	Postal Code
	eMail address	Fax No.	

Date _____
 YYYY MM DD

Send correspondence to: Owner Tenant Agent Applicant Fax No.: _____ *Note: Use Web I.D. to access status online.
 Certificate to be: Picked up Mailed Other (specify) _____

PROPERTY LOCATION			
Street and Number	Unit No.	Bldg. No.	
Lot or Block	Registered Plan	or Concession	or 43R PCC

PROPOSED BUSINESS OPERATION			
Name of Business (Legal Name)			
Proposed Business Operation			
Committee of Adjustment Ref. No. 'A'			
CA 'A' Expiry Date	Total Area Occupied:	M2	SQ. FT.
Zoning of subject lands			

NOTE TO APPLICANT: A letter signed by a person named on the application preferably on company letterhead indicating the exact nature of this proposed business operation, one (1) copy of a metric site plan or survey with site statistics and parking layout, with one (1) fully dimensioned and labelled floor plan must accompany this application.

I _____ the "Applicant" of the _____
Name (Please Print) City/Town

in the County/Region of _____ do solemnly declare that:

PLEASE CHECK ONE

1. THAT I am the OWNER AUTHORIZED AGENT TENANT named in this application.
2. THAT the statements made herein are true and are made with the full knowledge of the circumstances connected with the same.
3. THAT I know no reason why this Certificate of Occupancy (Zoning) should not be granted in pursuance of this application.

 Applicant's signature

Applicant's mailing address _____ City _____ Postal Code _____ Phone Number _____

OFFICE USE ONLY			
Zoning Reviewed By	Signature	Date	
OTHER REQUIREMENTS			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Obtained	Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Obtained	Date
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Obtained	Date
NOTES	FEES		DATE RECEIVED
	Processing Fee	\$	
	Deposit	\$	
	Balance	\$	

Issuance of Certificate authorized

Application accepted by