



Planning and Economic Development Department
 Planning Division
 71 Main Street West, 5th Floor
 Hamilton, Ontario, L8P 4Y5
 Phone: (905) 546-2424 x 2719
 Fax: (905) 546-4202

**ZONING VERIFICATION AND
 PROPERTY REPORT APPLICATION**

	FOR OFFICE USE ONLY	
	DATE	
	PAYMENT TYPE <input type="checkbox"/> CASH <input type="checkbox"/> DEBIT <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA / MASTERCARD	
	RECEIPT NUMBER	RECEIVED BY
	FOLDER NUMBER	
EXAMINER		

NOTE: FEES ARE NON-REFUNDABLE

SERVICE REQUESTED	<input type="checkbox"/> REGULAR SERVICE Completed within 10 working days commencing the first working day after receipt by the Planning Division. If an email address is specified, only an emailed copy will be sent out. If no email address is specified, the certificate will be sent out by regular mail. The mail delivery time is not included within the 10 day period.						
	<input type="checkbox"/> EXPRESS SERVICE Completed within 5 working days commencing the first working day after receipt by the Planning Division. If an email address is specified, only an emailed copy will be sent out. If no email address is specified, the certificate will be available for pickup only, or will be set out by regular mail upon request. Mail delivery time is not included within the 5 day period.						
	<input type="checkbox"/> INTERNAL APPLICATION						
CERTIFICATE REQUIRED FOR:							
<table border="0"> <tr> <td>MUNICIPAL LICENCE</td> <td>HYDRO METER INSTALLATION</td> </tr> <tr> <td>SEPTIC SYSTEM INFORMATION</td> <td>BID / TENDER</td> </tr> <tr> <td>RENTAL HOUSING LICENCE</td> <td></td> </tr> </table>		MUNICIPAL LICENCE	HYDRO METER INSTALLATION	SEPTIC SYSTEM INFORMATION	BID / TENDER	RENTAL HOUSING LICENCE	
MUNICIPAL LICENCE	HYDRO METER INSTALLATION						
SEPTIC SYSTEM INFORMATION	BID / TENDER						
RENTAL HOUSING LICENCE							

PLEASE PRINT CLEARLY

PROPERTY INFORMATION	ADDRESS		UNIT / SUITE #		
	LEGAL DESCRIPTION (LOT, PLAN, ETC.)		<input type="checkbox"/> Ancaster <input type="checkbox"/> Dundas <input type="checkbox"/> Flamborough <input type="checkbox"/> Glanbrook <input type="checkbox"/> Hamilton-Propor <input type="checkbox"/> Stoney Creek		
	OWNER NAME				
USE INFORMATION	PRESENT USE (PLEASE BE SPECIFIC)				
	PROPOSED USE (PLEASE BE SPECIFIC)				
APPLICANT	NAME				
	ADDRESS		UNIT / SUITE #		
	CITY		POSTAL CODE	PO BOX	
	EMAIL	PHONE NUMBER		FAX NUMBER	
	SIGNATURE			DATE	

ZONING VERIFICATION / WORK ORDER REQUESTS WHICH ARE SUBMITTED BY FAX WILL ONLY BE PROCESSED IF THE REQUEST INCLUDES A VISA OR MASTERCARD NUMBER FOR THE REQUIRED PAYMENT. PLEASE SUBMIT A COMPLETED VISA/MASTERCARD PAYMENT FORM.

FOR OFFICE USE ONLY				
FILE ROOM			EXPRESS STAMP	
STAFF INITIALS:				
PICKUP DATE:			# Microfilm:	
PICK-UP TIME:	AM	PM	# Paper Files:	
DROP-OFF TIME:	AM	PM	CLERK INITIALS:	

The personal information collected on this form will be used to contact you and for the administration of performing record searches as authorized under the *Municipal Act, 2001, section 227*. If you have any questions regarding the collection of this information please contact 905.546.2720.

Property Reports do not include outstanding matters relating to the Yard Waste & Maintenance By-Law, graffiti, and any garbage & debris or long grass & weeds from the Property Standards By-law. For information on these matters, contact the Municipal Law Enforcement section at 905.546.2782.