



APPLICATION FOR ZONING (OCCUPANCY) CERTIFICATE

Planning Division – 200 King Street West, 6th Floor
P.O. Box 1118, Kitchener ON N2G 4G7
519-741-2426; planning@kitchener.ca

PURPOSE

A zoning (occupancy) certificate is required for any new use or change in type of use of a property, in accordance with the Ontario Planning Act and City of Kitchener Zoning By-law (referred to as Certificate of Occupancy).

Please allow 3 weeks for processing.

Email to: Owner Applicant (if you require alternate arrangements please contact our office)

1. APPLICATION FEES

Cash or cheque (payable to the City of Kitchener):

- Regular - **\$161.00**
- Home Business (floor plan must be submitted with this application) - **\$79.00**

2. BUSINESS OWNER

Name: _____	Phone: _____
Company: _____	Extension: _____
Street Address: _____	Email: _____
City/Province: _____	Postal Code: _____

3. APPLICANT (if other than business owner)

Name: _____	Phone: _____
Company: _____	Extension: _____
Street Address: _____	Email: _____
City/Province: _____	Postal Code: _____

4. PROPERTY INFORMATION

a) Name of business: _____	
b) Address of business (include unit # if applicable): _____	
c) Proposed use (include floor area breakdown – i.e. 25% office, 75% warehouse)	

d) Number of employees (if manufacturing, total number of employees on the 2 greatest consecutive shifts):	

e) Number of individual service bays for motor vehicles inside building (NOT bay doors) (if within 14 metres of a residential zone, refer to Section 5.29 in General Regulations of Zoning By-law): _____	
f) Number of motor vehicles on display for sale or lease (if applicable): _____	
g) Date of commencement: _____	
h) Please indicate as follows:	
<input type="checkbox"/> Expansion of existing business	<input type="checkbox"/> New business
<input type="checkbox"/> Relocating from outside Kitchener	<input type="checkbox"/> Relocating from within Kitchener
<input type="checkbox"/> Home business (owner must reside at address)	<input type="checkbox"/> Residential

i)	Floor area (indicate square metres or square feet below): Building Gross Floor Area _____ Occupant Gross Floor Area _____
j)	Previous use (be specific; if residential, indicate if single detached, semi-detached, duplex or multiple): _____

5. GENERAL INFORMATION

For additional information regarding the following, please contact the appropriate divisions as noted below:

- **Business License** – Inquire with the Corporate Services Department at 519-741-2275 (2nd floor, City Hall)
- **Building Permit** – May be required under the Ontario Building Code – contact the Building Division at 519-741-2433 (5th floor, City Hall)
- **Sign Permit** – Permit must be obtained before installation of any sign (fees will be doubled if permit not obtained before installation) – contact the Planning Division at 519-741-2200 x7075 (6th floor, City Hall)

STATUTORY DECLARATION

I, _____, solemnly declare that:

- a) I am the (please select): property owner applicant on behalf of property owner
 business owner applicant on behalf of business owner
- b) I have personal knowledge of the particulars of this application
- c) All the information and statements given with this application, drawings and specifications are true to the best of my knowledge and belief
- d) I know of no reason why this Zoning Certificate should not be granted in pursuance of this application
- e) I acknowledge that submission of this application does not guarantee approval and that no refunds will be issued if the application is withdrawn or refused.

I have read the above and make this solemn declaration conscientiously, believing it to be true, and acknowledge it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of Owner/Applicant: _____ Date: _____

STAFF USE ONLY

Date Received:	Accepted By:	Permit
		#

Zoning: _____	C of A Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Use: _____	Parking Plan:	Submitted <input type="checkbox"/>	On File <input type="checkbox"/>	
Parking Requirement: _____	Regulations Met?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Site Plan Approval Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Building Permit Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Comments: _____ _____ _____				

Parking on Site:	Used to Date:	Required:	Remaining:	Reviewed By:	Date:

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