



Hamilton

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

FOR OFFICE USE ONLY

DATE

PAYMENT TYPE

CASH DEBIT CHEQUE VISA / MASTERCARD

RECEIPT NUMBER

RECEIVED BY

FOLDER NUMBER

EXAMINER

**ZONING VERIFICATION AND
PROPERTY REPORT APPLICATION**

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 2 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. The mail delivery time is not included within the 2 day period.
	<input type="checkbox"/> INTERNAL APPLICATION	
CERTIFICATE REQUIRED FOR:		
MUNICIPAL LICENCE <input type="checkbox"/>		HYDRO METER INSTALLATION <input type="checkbox"/>
SEPTIC SYSTEM INFORMATION <input type="checkbox"/>		BID / TENDER <input type="checkbox"/>
RENTAL HOUSING LICENCE <input type="checkbox"/>		

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.

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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.