



**APPLICATION TO REGISTER A SECOND SUITE**

**LOCATION OF PROPERTY:**

**APPLICATION NO:**

**FEE:**

**RECEIPT #:**

**For Office Use Only**

NOTE: Personal information is collected on this form under the authority of the City of Barrie By-law 2020-010 and is used to enforce various City of Barrie By-laws. This is a public record and information in it is accessible to the public. Questions about this collection of personal information should be directed to the City Clerk, City of Barrie, 70 Collier Street, Barrie, ON L4M 4T5

**(1). APPLICATION INFORMATION**

**(1)(a)**  
**Name of Applicant:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Town/City:** \_\_\_\_\_  
**Postal/Zip Code:** \_\_\_\_\_ **E-mail.:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**(1)(b)**  
**Name of Owner(s) (if different from the applicant):** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Town/City:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_ **E-mail.:** \_\_\_\_\_  
**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**(1)(c)**  
**Contact name for access to upper unit :** \_\_\_\_\_  
**Unit Description:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_  
**Contact name for access to lower unit :** \_\_\_\_\_  
**Unit Description:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**(2) LOCATIONAL INFORMATION OF SUBJECT LANDS**

**Municipal Address:** \_\_\_\_\_ **Roll Number:** \_\_\_\_\_  
**Registered Plan No.:** \_\_\_\_\_ **Lot Number(s):** \_\_\_\_\_

**(3) PURPOSE OF APPLICATION**

**Type and purpose of proposed transaction: (please check appropriate space)**  
 recognizing existing second suite

**PROPERTY STANDARDS INSPECTIONS:**  
**PLEASE NOTE THAT FOLLOW-UP PROPERTY STANDARDS INSPECTIONS MUST BE COMPLETED WITHIN THREE (3) MONTHS FROM THE FIRST INSPECTION DATE.**



**APPENDIX "A"**  
**AUTHORIZATION TO ACT ON BEHALF OF THE OWNER**

In the event that someone other than the registered owner of the subject property is making this application, the following authorization must be completed.

I, \_\_\_\_\_

being the registered owner of the subject property, hereby authorize:

\_\_\_\_\_

to make application on my behalf to the City of Barrie for the Registration of a Second Suite at the property

municipally known as \_\_\_\_\_ in accordance with By-law 2020-010.

Dated at the Town/City of: \_\_\_\_\_

In the Regional Municipality/County of: \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Owner (seal if any) Print Name

\_\_\_\_\_  
Signature of Owner (seal if any) Print Name

\_\_\_\_\_  
Witness Print Name

**NOTE: IF THE REGISTERED OWNER IS A CORPORATION, THE CORPORATE SEAL MUST BE AFFIXED TO THIS FORM IN ADDITION TO THE SIGNATURE OF AUTHORIZED SIGNING OFFICERS.**