



Town of Halton Hills  
 Fire Protection & Prevention Services  
 53 Maple Avenue  
 Halton Hills ON L7G 1X8  
 www.haltonhills.ca

## TWO-UNIT HOUSE REGISTRATION APPLICATION FIRE

Municipal Address of Property	Street / Road & Number	Assessment Role Number _____ _____
Owner(s) Name		Tel: _____ Res.: _____ Bus.: _____
Owner's Address		Postal Code: _____
Authorized Agent		Tel: _____
Tenant's Name(s) (Unit 1)		Tel: _____ Res.: _____ Bus.: _____
Tenant's Name(s) (Unit 2)		Tel: _____ Res.: _____ Bus.: _____

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  | Yes                      | No                       | N/A                      |
| 1. Is the building serviced by the municipal sanitary sewer system?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the building more than five (5) years old as of the date of this application?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there two (2) parking spot not less than 2.75 x 5.5 meter (9' x 18') available on site? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the building part of a condominium corporation?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I, \_\_\_\_\_ of the \_\_\_\_\_  
 (Name) (City, Town, etc.)  
 in the County/Region \_\_\_\_\_ do solemnly declare:

- 1) That I am the Owner  or the Authorized Agent of the Owner  named in this application for a two-unit house registration
- 2) That the statements made herein are true and are made with full knowledge of the circumstances relating to this application
- 3) That I know of no reason why the permit should not be granted pursuant to this application.

\_\_\_\_\_  
 Owner/Authorized Agent Signature Date  
(YY/MM/DD)

<b>For Office Use Only</b>		
Fee: _____	Received By: _____	Date: _____ (YY/MM/DD)

Zoning Approval	<input type="checkbox"/>	Initial	
Building Approval	<input type="checkbox"/>		
Property Standards Approval	<input type="checkbox"/>		
Fire Department Approval	<input type="checkbox"/>		

The personal information on this form is collected under the authority of the Municipal Act, as amended, the Fire Protection and Prevention Act, as amended and By-law No. 1996-0174, as amended. The information is used for the purpose of processing this application and administering the legislation. Questions regarding the collection of this information should be directed to the Town's Records/FOI Coordinator at 905-873-2601 ext. 2356 or foia@haltonhills.ca.