



Planning and Economic Development Department  
 Building Division  
 71 Main Street West, 3rd Floor  
 Hamilton, Ontario, L8P 4Y5  
 Phone: (905) 546-2720 Fax: (905) 546-2764

Hamilton

**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**

<b>SERVICE REQUESTED</b>	<input type="checkbox"/> <b>REGULAR SERVICE</b> Completed within 10 working days commencing the first working day after receipt by the Building Division. If no service level is specified, the regular service will be assumed and the certificate will be sent by regular mail. The mail delivery time is not included within the 10 day period.
	<input type="checkbox"/> <b>EXPRESS SERVICE</b> Completed within 2 working days commencing the first working day after receipt by the Building Division and will be faxed to the applicant. If no fax number is provided, the certificate will be available for pickup only.
	<b>OPTIONAL DELIVERY PREFERENCE:</b> <input type="checkbox"/> <b>HOLD FOR PICKUP</b> <input type="checkbox"/> <b>FAX</b>
	<b>CERTIFICATE REQUIRED FOR:</b>
	MUNICIPAL LICENCE <input type="checkbox"/> NO <input type="checkbox"/> YES                      HYDRO METER INSTALLATION <input type="checkbox"/> NO <input type="checkbox"/> YES SEPTIC SYSTEM INFORMATION <input type="checkbox"/> NO <input type="checkbox"/> YES                      # Units Existing: _____    # Units Proposed: _____

**PLEASE PRINT CLEARLY**

<b>PROPERTY FOR WHICH ZONING INFORMATION IS REQUIRED</b>	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 _____		
	PRESENT USE (PLEASE BE SPECIFIC) _____		
	PROPOSED USE (PLEASE BE SPECIFIC) _____		
<b>APPLICANT</b>	NAME _____		
	ADDRESS _____		UNIT / SUITE # _____
	CITY _____	POSTAL CODE _____	PO BOX _____
	ATTENTION _____	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	
<p style="text-align: center;"><b>FILE ROOM</b></p> STAFF INITIALS: _____ PICKUP DATE: _____ # Microfilm: _____ PICK-UP TIME: _____ AM / PM # Paper Files: _____ DROP-OFF TIME: _____ AM / PM	<p style="text-align: center;"><b>EXPRESS STAMP</b></p>   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 the Supervisor of Zoning at 71 Main Street West, 3rd Floor, 905.546.2720.  
 Property Reports do not include outstanding matters relating to the Yard Waste & Maintenance By-Law 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.