

# Regional Municipality of Durham

## Residential Development Charges Information Form

**B.P. No.**

THIS FORM TO BE COMPLETED PRIOR TO ISSUANCE OF BUILDING PERMIT

### SECTION A: TO BE COMPLETED BY THE APPLICANT

**Developer/Company Name:**

**Contact Name:**

**Phone Number:**

### INFORMATION REGARDING APPLICATION FOR BUILDING PERMIT

**Town/City/Township:**

**Plan Number:**

**Municipal Address:**

**Lot Number(s):**

**Assessment Roll Number:**

**Land Division No.:**

		1 Bedroom & Smaller Apt.	2 Bedroom & Larger Apt.	Stacked Townhouse <sup>[4]</sup>	Medium Density Multiple	Single & Semi Detached	Total
1	Number of Units to be Constructed						
	Number of Secondary units						
2	Is this an application for a new building?						YES <input type="checkbox"/> NO <input type="checkbox"/>
3	Is this an application for expansion of an existing building?						YES <input type="checkbox"/> NO <input type="checkbox"/>
	If Yes: What is the Gross Floor Area of the existing building? (specify unit of measure)						Sq. Ft.
	What is the Gross Floor Area of the additional unit? (specify unit of measure)						Sq. Ft.
4	Has an existing building on the site been demolished or repurposed?						YES <input type="checkbox"/> NO <input type="checkbox"/>
	If Yes: Please provide copy of demolition permit						
	What was the date of demolition?						
	What were the number of residential units?						
	1 Bedroom or Smaller Apartments						
	2 Bedroom or Larger Apartments						
	Stacked Townhouses <sup>[4]</sup>						
	Medium Density Multiples						
	Single and Semi Detached						
	How many commercial square feet?						
	How many institutional square feet?						
	How many industrial square feet?						
5	Date of Site Plan Application under subsection 41(4) of the Planning Act						
6	Date of Zoning By-Law Amendment Application under section 34 of The Planning Act						
7	Date Site Plan Application was approved						
8	Date Zoning By-Law Amendment Application was approved						
9	Is this for a long-term care or retirement home or rental housing as defined in Reg. 454/19?						
10	Is this for a non-profit housing development as defined in Reg. 454/19?						
11	If a long-term care / retirement home or rental housing, payment upfront or over 5 years?						
12	If a non-profit housing development, payment upfront or over 20 years?						
13	Other Information:						

**Applicant's Signature:**

**Date:**

### SECTION B: TO BE COMPLETED BY THE REGION

#### REGIONAL DEVELOPMENT CHARGES TO BE COLLECTED BY THE AREA MUNICIPALITY

REGIONAL SERVICES	1 Bedroom & Smaller Apt.	2 Bedroom & Larger Apt.	Stacked Townhouse <sup>[4]</sup>	Medium Density Multiple	Single & Semi Detached	Total
Water Supply						
Sanitary Sewerage						
Regional Roads						
Long Term Care						
Police Services						
Paramedic Services						
Development Studies						
Regional Transit						
GO Transit						
Health and Social Services						
Housing Services						
Credits						

**Total Amount to be Collected by the Area Municipality \$**

**Approved Signature:**

**Date:**

**Valid Until:**

**REGIONAL USE ONLY**

File No.:

Conn Appl. No.:

Notes: 1. Remittance of Regional Development Charges is payable to the area municipality.

2. If information on this form does not agree with the building permit, please advise the Regional Works Department.

3. Complaints Regarding Development Charges must be made in writing to the Regional Clerk within 90 days after the payable date.

4. Stacked Townhouses are treated as apartments for transit service and medium density for all other services.

**CONTACT: DEVELOPMENT APPROVALS, REGIONAL WORKS DEPARTMENT: 905-668-7711**