



**Regional Municipality of Durham
Residential Development Charges Information Form**

No: _____

B.P. No. _____

THIS FORM IS TO BE COMPLETED PRIOR TO ISSUANCE OF BUILDING PERMIT

SECTION A: TO BE COMPLETED BY APPLICANT

Developer/Company Name _____
 Contact Name _____ Phone Number _____

INFORMATION REGARDING APPLICATION FOR BUILDING PERMIT:

Town/City/Township _____ Plan Number _____ Lot Number(s) _____

Municipal Address _____ Lot ___ Conc. _____

Assessment Roll Number _____ Land Division No. _____

1.	1 Bedroom & Smaller Apt	2 Bedroom Apt	3 Bedroom & Larger Apt	Stacked Town (1 Bed) ⁽⁴⁾	Stacked Town (2 Bed +) ⁽⁴⁾	Medium Density Multiple	Single and Semi Detached	Total
Number of Units To Be Constructed								
Record the number of units that qualify for exemptions or credits below								
Second and Third Units ⁽⁵⁾								
Affordable Units, Rented ⁽⁵⁾								
Affordable Units, Ownership ⁽⁵⁾								
Attainable Units ⁽⁵⁾								
Inclusionary Zoning Units ⁽⁵⁾								
Non-profit Development ⁽⁵⁾								
Demolished or Repurposed Units								
Number of Rental Units ⁽⁵⁾								

2. Is this an application for a new building? Yes No

3. Is this an application for expansion of an existing building? Yes No

If yes, - What is the gross floor area of the existing building? _____
 - What is the gross floor area of the addition? _____

4. Has an existing building on the site been demolished or repurposed? Yes No

If yes, - Please provide copy of demolition permit _____
 - What is the date of the first demolition permit? _____

How many square feet? Commercial Institutional Industrial _____

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 as defined in Reg. 454/19? Yes No

10. If a long-term care, retirement home, or for-profit rental residential development, please indicate payment schedule Upfront Over 5 Years

11. Other information _____

Please include a copy of the floor plan for multi-residential building permits (anything other than single/semi detached or freehold townhouse)

Applicant's Signature _____ Date _____

Area Municipal Staff have verified the information above (please check box to confirm)

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 Apt	3 Bedroom & Larger Apt	Stacked Town (1 Bed)	Stacked Town (2 Bed +)	Medium Density Multiple	Single and Semi Detached	Total
Water Supply								
Sanitary Sewerage								
Regional Roads								
Long Term Care								
Police Services								
Paramedic Services								
Waste Diversion								
Regional Transit								
GO Transit								
Exemptions								
Credits								
Rental Discount								
Total Amount to be Collected by the Area Municipality								

Notes:

Approved Signature _____ Date _____ Valid Until _____

Regional Use Only: File No. _____ Conn. Application 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.
5. As Defined in the Development Charges Act, 1997