Lodging house certification application



A. Project address	
Project address, including unit number:	
Municipality:	Postal code:
Number of bedrooms:	
B. Owner information	
Corporation or partnership (if applicable): _	
Last Name:	First Name:
Primary residence, including unit number:	
Municipality:	Postal code:
E-mail:	Phone number:
C. Declaration of owner	
I (print name)	certify that:
 I am the owner of the lodging house I hereby make this application to reconcered. 	
Date:	
Signature of owner:	

Collection of Personal Information

Personal information is being collected and will be used for the purposes of verifying ownership and responding to the request.

Personal information, as defined by Section 2 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA.

If you have questions about the collection, use or disclosure of this personal information please call 519-822-1260 extension 2349 or email privacy@guelph.ca.

Alternate formats of this document are available as per the Accessibility for Ontarians with Disabilities Act by contacting Building Services at 519-837-5615 or email building@quelph.ca.

For use by Principal Author			
Folder number: Inter-office inspections and approvals			
			Zoning Services
100 metres	Parking		Interview
Approved date:		Signature:	
Not approved, reason:			
Pending approval, reason:			
Building Services			
Approved date:		Signature:	
Not approved, reason:			
Not applicable			
Comments:			
Fire Department			
Approved date:		Signature:	
Not approved			
Not applicable, reason:			
Formal certification date of lodg	jing hous	se	
Lodging house – zoning only			
Lodging house – full use			
Date:			
Signature of Chief Building Official of	or desiana	ate:	