APPLICATION TO CREATE OR CHANGE A MUNICIPAL ADDRESS NUMBER

(OR UNIT NUMBER(s) IN EXISTING BUILDING)

INSTRUCTIONS

The applicant or agent is responsible for the inclusion of all required documents/maps and ensuring that all appropriate sections of the attached application form are completed and all documents/maps are included prior to submission to the Planning Division. Provide the company and/or contact name of the applicant, agent and registered owner if applicable.

If the subject property consists of part lots or blocks, an up-to-date and clearly legible Plan of Survey, 12R Plan or 12M Plan is required to be submitted (one full sized plan and one 8½ x 14 inch reduction).

File the completed application and any supporting documentation with the Planning & Building Services, 350 City Hall Square West, Suite 210.

Staff will review the application and **may return it if it is incomplete and/or required documents are not submitted**. Administration reserves the right to request additional information.

Allow a minimum of 5 working days for processing of the application.

FEES

Fee is due in full at the time of initial application and is subject to change. Please confirm application fee prior to submission of the application.

$450.00. Cash or a cheque payable to the Corporation of the City of Windsor.

CONTACT INFORMATION

Planning & Building Services
350 City Hall Square West, Suite 210
Windsor, ON N9A 7K6

Telephone: 519-255-6543
Fax: 519-255-64544
Email: planningdept@citywindsor.ca
Web Site: www.citywindsor.ca

APPLICATION TO: **CREATE NEW ADDRESS (s)** ☐ **CHANGE AN EXISTING ADDRESS** ☐
CREATE ADDITIONAL ADDRESS(s) ON AN EXISTING PROPERTY ☐
CREATE NEW or ADDITIONAL UNIT(s) IN AN EXISTING BUILDING ☐

1. CURRENT ADDRESS: _____

PROPOSED NEW ADDRESS(s) or UNIT NUMBER(s): _____

Submission of a Floor Plan for An Existing Building Is Required For New Unit Numbers ATTACHED ☐

2. **PROPERTY DESCRIPTION:** Property Roll Number(s): _____

Legal Description: _____

_____

Reference (12R) Plan / M-Plan (12M) Plan AVAILABLE: ☐ Yes ☐ No ☐ ATTACHED

Adjacent Property Addresses: _____

3. **LOCATION OF PROPERTY:** _____

4. **APPLICANT/AGENT:** _____

Contact Person: _____

Address: _____

Postal Code: _____ Telephone: (____) _____ Fax: (____) _____

E-Mail Address: _____

FOR OFFICE USE ONLY Fee Paid: $_____ Receipt No: _____ Date: _____

File No: _____ **Received By:** _____ **Assigned To:** _____

Cross Ref. No(s): _____
ZBA, SPC, SDN, PLC, Committee of Adjustment, etc.

Comments: _____

_____

_____

ASSIGNED ADDRESS(s)/UNIT(s): _____

OR

ATTACHED LIST of ADDRESS(s)/UNIT(s): ☐ **AS per ATTACHED MARKED-UP PLAN:** ☐

FINAL NOTIFICATION ON HOLD: ☐ **Yes**

Forwarded to: *Director, Fire - Emergency Communications* ☐ *Accepted* ☐

GIS Administrator, Geomatics Division ☐
Assessment Data Analyst, Corporate Services/Financial Services ☐

NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION:

I/We also acknowledge that the information requested on this form is collected under the authority of The Planning Act, R.S.O. 1990, Chapter P13, as amended. The information is required in order to process the application. The name and business address of the applicant and/or authorized agent is public information. Any other personal information collected will only be used for internal purposes.