



**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 Townhouse (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							
<b>Net units to be charged</b>							
<b>Number of Rental Units (5)</b>							

2. Is this an application for a new building? Yes No (Please circle Yes or No)

3. Is this an application for expansion of an existing building? Yes No (Please circle Yes or 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 (Please circle Yes or No)

If yes, - Please provide copy of demolition permit \_\_\_\_\_  
 - What was the date of demolition? \_\_\_\_\_

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 (Please circle Yes or No)

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

**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 Townhouse (4)	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							
Credits and Exemptions							
Rental Discount							
<b>Total Amount to be Collected by the Area Municipality</b>							

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 Development Charges Act, 1997

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