



**Regional Municipality of Durham
Non-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. Number of commercial sq. ft. of gross floor area to be constructed? _____
2. Number of institutional sq. ft. of gross floor area to be constructed? _____
3. Number of industrial sq. ft. of gross floor area to be constructed? _____
- 4 (a) Number of commercial accessory sq. ft. of gross floor area to be constructed? _____
 (b) Commercial accessory sq. ft. of gross floor area to be charged at the industrial rate (max. 7,000 sq ft)? _____
 (c) Balance of commercial accessory sq. ft. of gross floor area to be charged at the commercial rate? _____
5. Is this an application for a new building or expansion? New Expansion *(Please circle)*
6. If expansion of industrial building, what is existing square feet as of July 1, 2023? _____
7. Has an existing building on the site been demolished or repurposed? Yes No *(Please circle)*

If yes, - Please provide copy of demolition permit

- What was the date of demolition? _____

- What were the number of residential units? Stacked Town (1 Bed) ⁽⁴⁾ Stacked Town (2 Bed+) ⁽⁴⁾ Medium Density Single / Semi Detached

1 Bedroom or smaller Apts _____ 2 Bedroom Apt _____ 3 Bedroom & Larger Apt _____

- How many commercial square feet? _____
- How many institutional square feet? _____
- How many industrial square feet? _____

8. Date of Site Plan Application under subsection 41(4) of the Planning Act _____

9. Date of Zoning By-law Amendment Application under section 34 of the Planning Act _____

10. Date Site Plan Application was approved _____

11. Date Zoning By-law Amendment Application was approved _____

12. If Institutional as defined in Reg. 454/19, payment upfront or over 5 years? Upfront Over 5 Years *(Please circle)*

13. Other information _____

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 Service	Commercial		Institutional		Industrial		TOTAL
	\$ / sq ft	# sq ft	\$ / sq ft	# sq ft	\$ / sq ft	# sq ft	\$
Water Supply							
Sanitary Sewerage							
Regional Roads							
Regional Transit							
Credits							
Total Amount to be Collected by the Area Municipality							

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.

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