

Mailing Address PO Box 270 Bridgenorth Ontario KOL 1HO

Tel:705 292 9507Fax:705 292 8964

Application to licence an Accessory Guest Room, Guest Home or Bed & Breakfast

www.selwyntownship.ca

	plication No.:	Date Received:	Date Received:			
la	me of Owner:					
Ad	dress:					
Po	stal Code: Phone:	Fax:				
Ξm	ail Address:					
	Date when Guest Home or Bed & Breakfast establishment began operation (Please include supportin documentation).					
. Business name of Guest Home or Bed & Breakfast.						
	Type of dwelling.					
	□ single detached	semi-detached				
		apartment				
	Total number of bedrooms in the dwellin	ng:				
	Number of Guestrooms proposed:					
	Locations of guestrooms: Please indicate on attached floor plan (drawn to scale).					
	Location of bedroom(s) used by owner: Please indicate on attached floor plan (drawn to scale).					
	List of motor vehicles used and/or stored by permanent residents.					
	License plate numbers	Colour, make & model				
	Number of parking spaces available or meet Zoning By-Law requirements as t	site. (Each parking space must measure 2.4m x	6m. (8' x 20') an			
		site. (Each parking space must measure 2.4m x	6m. (8' x 20') an			
		n site. (Each parking space must measure 2.4m x o location).	6m. (8' x 20') and			
	meet Zoning By-Law requirements as t	n site. (Each parking space must measure 2.4m x o location).	6m. (8' x 20') an			



- 11. Attach a Plan of Survey by an Ontario Land Surveyor or accurate Site Plan drawn to scale by a qualified professional that includes:
 - (a) property dimensions
 - (b) location of house on property
 - (c) setbacks from all property lines
 - (d) location and dimension of driveway
 - (e) location and dimension of parking spaces
 - (f) location and dimensions of rear yard landscaped open space
- 12. Attach a floor plan identifying rooms to be registered and the remaining bedrooms(s) to be used by the owner.
- 13. Is a minimum of 60% of the rear yard maintained as landscaped open space?
 - 🗆 Yes 🗌 No
- 14. (a) Do you have a swimming pool on the property?
 - 🗌 Yes 🗌 No
 - (b) Is the pool available for guest use?
 - 🗌 Yes 🗌 No
- 15. Please provide proof of separate liability insurance coverage for the Accessory Guest Room, Guest Home or Bed & Breakfast in the amount of a minimum of \$2,000,000.00.

Affidavit or Sworn Declaration

Declaration for the Application Information

I,	of the	
in the		

make oath and say (or solemnly declare) that the information contained in this application is true and that the information contained in the documents that accompany this application in respect of the above Sections is true.

Sworn (or declared) before me:

at the:		
in the:		
this	day of	20

Commissioner of Oaths

Applicant

APPLICANTS CHECKLIST:

Have you included:

- One completed copy of the application form.
- One copy of the Survey or Site Plan required under Section 11.
- One copy of the Floor Plan required under Section 12.
- Registration Fee
- Proof of separate Liability Insurance coverage.

Notice of Collection

Personal information on this form is collected under the authority of the <u>Municipal Act</u>. All names, addresses and comments will be included in material available to the public in accordance with the provisions of the <u>Municipal Freedom of Information and Protection of Privacy Act</u> (MFIPPA). Questions regarding this collection and its release under the act should be directed to the Township of Selwyn, Attention: Clerk, P.O. Box 270, Bridgenorth, Ontario K0L 1H0, telephone 705-292-9507 ext. 212 during business hours.