



City of Richmond Hill
 225 East Beaver Creek Road
 Richmond Hill, ON, L4B 3P4
 developmentfinance@richmondhill.ca



Development Charges Certificate

Application(s) Submission Date:	Due Date: ASAP
Application(s) Complete Date:	
Building Permit Number(s):	

APPLICATION FILE INFORMATION

Municipal Address(es):		
Legal Description(s):		
Application File Number(s)	City:	Regional:
Associated Site Plan and/ or ZBA File Number(s)	City:	Regional:

DEVELOPMENT CHARGES (To be filled out by City Development Finance staff):

Date Rates Have Been Frozen:				DC Rate Schedule Date:			
Deferral of DC applicable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Reason:	<input type="checkbox"/> Rental Housing	Instalments	6 years <input type="checkbox"/>	21 years <input type="checkbox"/>
				<input type="checkbox"/> Institutional			
				<input type="checkbox"/> Non-Profit Housing			

REGISTERED OWNER INFORMATION

Registered Owner(s) Name(s):	
Contact (Applicant) Name:	
Mailing Address:	
Municipality:	Postal Code:
Telephone Number:	Cell number:
Email:	

PROPOSED CONSTRUCTION INFORMATION (To be filled out by City Development Planning staff):

Purpose of Application: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition to Existing <input type="checkbox"/> Change of Use (no floor area added)									
Proposed Major Occupancy (Use of Building):									
Non-Residential Gross Floor Area (m2) – Existing and New									
Industrial		Retail		Institutional		Office		Other	
E:	N:	E:	N:	E:	N:	E:	N:	E:	N:
Gross Floor Area Summary (m2)			Existing:			New:			Total:
Number of Residential Units									
Single:			Semi:			Town (Multi):			
Apt<700sq.ft.:			Apt>700sq.ft.:			Senior:			
Purpose Built Affordable		Type:	No:	Purpose Built Rental		Type:	No:		
Building Staff:									

DEMOLITION OF PREVIOUS BUILDING(S), DETERMINATION OF CREDITS – (IF APPLICABLE)

Date of Demolition Permit Issuance:			Demolition final inspection performed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Classification/ Use of Previous Building:			Area of Non-Residential Space:			
Number of Residential Units:		Single:	Semi:		Multi-unit:	
Number of apartment units - Under 700 sq. ft.:				700 sq. ft. or greater:		

Registered Owner(s) Name(s) _____

Regional Staff Name _____

Registered Owner(s) Signature(s) _____

Regional Staff Signature _____

Municipality Staff Name _____

Municipality Staff Signature _____