



**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? _____

	2 Bedroom	3 Bedroom &			
1 Bedroom or smaller Apts	Apt	Larger Apt	Stacked Townhouse ⁽⁴⁾	Medium Density	Single / Semi Detached
_____	_____	_____	_____	_____	_____

- 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 for transit service and medium density for all other services.

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