



**THE CORPORATION OF THE TOWNSHIP OF WOOLWICH**  
 P.O. Box 158, 24 Church Street West, Elmira, ON N3B 2Z6  
 PHONE: 519-669-1647 or 1-877-969-0094  
 DEVELOPMENT SERVICES FAX: 519-669-4669  
 EMAIL – [planning@woolwich.ca](mailto:planning@woolwich.ca)

**APPLICATION FOR CERTIFICATE OF OCCUPANCY**  
 under the provisions of the Planning Act, 1990

Owner _____	Applicant _____
Address _____	Address _____
_____	_____
_____	_____
Postal Code _____	Postal Code _____
Telephone Number _____	Telephone Number _____
Email _____	Email _____

Property Description:

Municipal Address \_\_\_\_\_

Proposed Use:

\_\_\_\_\_

\_\_\_\_\_

Floor Area by Specific Use (list below or provide details on required floor plan)

Use _____	Area _____
Use _____	Area _____
Use _____	Area _____

Number of Parking Spaces Proposed \_\_\_\_\_ Number of Loading Spaces Proposed \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature

**This application must be accompanied by a detailed SITE PLAN and FLOOR PLAN, drawn to scale and the fee attached.**

**NOTE: Copies of Valid Diplomas, Certificates and/or Licenses of Registration will be required at time of submission for all proposed practitioners, including but not limited to massage, naturopathic, physiotherapy, and reflexology.**

=====

**FOR OFFICE USE ONLY:**

Roll Number _____	Receipt Number _____
Date Received _____	Official Plan and Zoning _____