



**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

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

Owner \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Email \_\_\_\_\_

Postal Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 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.**

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**FOR OFFICE USE ONLY:**

Roll Number \_\_\_\_\_  
 Date Received \_\_\_\_\_

Receipt Number \_\_\_\_\_  
 Official Plan and Zoning \_\_\_\_\_