



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
 EMAIL – planning@woolwich.ca

APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

means a Certificate of Occupancy pursuant to Section 34(6) of the *Planning Act* and
 Section 2.12 of Zoning By-law 26-2024

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 _____