

**REGIONAL, LOCAL MUNICIPALITY AND SCHOOL BOARDS
NON-RESIDENTIAL DEVELOPMENT CHARGES (DC) INFORMATION FORM**

If you have any inquiries, please contact Development Officer, Region of Halton 825-6000 ext. 7290; Town of Oakville 905-338-4196; or School Boards 905-335-3665 ext 3240. Please see attached for definitions. This form is to be returned to the Local Municipality when complete.

TO BE COMPLETED BY APPLICANT

Date of Application (MM/DD/YY)	_____	Local Municipality	_____	Town of Oakville	_____
Applicant (First/Last Name)	_____	Site Address	_____		
Applicant Telephone #	_____	Building Permit Application #	_____		
Owner Name	_____	Site Plan/Zoning Certificate	_____		
Owner Telephone #	_____	Legal Description	_____		
Contact E-Mail	_____	_____			
Size of Lot (m2):	_____	Size of Existing Building (m2):	_____	_____	_____
			Above Grade	Below Grade	Total

Information on Development:

Name of Building Occupants (current or proposed): _____

Description of Proposed Use: _____

Regional Infrastructure Connection: Water Wastewater

Type and size of Use (including below grade):

New Development/Expansion (m2)

<input type="checkbox"/> Retail	_____	New Development	_____	Expansion	_____	Total (m2)	_____
<input type="checkbox"/> Office - specify use	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Industrial - Manufacturing	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Industrial- Warehouse/Distribution	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Industrial - spec. building	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Commercial	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Other - specify	_____	_____	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____	_____	_____

Shell/Speculative Building
NOTE: Additional DCs may apply at first tenant 'fit-out' of each unit based on use

Conversion / Interior Alteration

Redevelopment (m2) [incl. first tenant 'Fit-out']

<input type="checkbox"/> Retail	_____	From	_____	To	_____	Demolitions	_____
<input type="checkbox"/> Office - specify use	_____	_____	_____	_____	_____	Permit #	_____
<input type="checkbox"/> Industrial -Manufacturing	_____	_____	_____	_____	_____	Date of Permit Issued (MM/DD/YY)	_____
<input type="checkbox"/> Industrial- Warehouse/Distribution	_____	_____	_____	_____	_____	Date of Demolition (MM/DD/YY)	_____
<input type="checkbox"/> Industrial - spec. building	_____	_____	_____	_____	_____	Non-residential demolition TFA (m2)	_____
<input type="checkbox"/> Commercial	_____	_____	_____	_____	_____	Non-residential demolition GFA (m2)	_____
<input type="checkbox"/> Other - specify	_____	_____	_____	_____	_____	Previous Use	_____
<input type="checkbox"/> Residential Unit	_____	_____	_____	_____	_____	Residential demolition	Type _____
Type	_____	_____	_____	_____	_____	Number of Units	_____
Number of Units	_____	_____	_____	_____	_____	_____	_____

Categories of Exemption:

- | | | |
|--|---|---|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Board of Education | <input type="checkbox"/> Region, Area Municipality, Local Board |
| <input type="checkbox"/> Temporary Venues | <input type="checkbox"/> Public Hospital | <input type="checkbox"/> Place of Worship/Area of Worship |
| <input type="checkbox"/> Seasonal Structures | <input type="checkbox"/> Conservation Authority | <input type="checkbox"/> Parking Garages |

Request for Agreement:

Types of Agreement Temporary Building (see definition) Deferral

Information/guideline package to be sent to: _____
(Print Name) (E-mail)

I, _____ (print first/last name) have reviewed the Regional, Local Municipality and School Boards Non-residential Development Charges information form and confirm that the information I have provided above is true and accurate. I further acknowledge that it is my responsibility to provide accurate information and accept responsibility for any errors and omissions, including any future requirement by the applicable municipality that I solely remedy any errors and omissions where necessary as determined by such municipality.

Applicant/Applicant's Architect/Engineer: _____
(Print Name) (Signature) (Date)

FOR LOCAL MUNICIPALITY OFFICE USE ONLY - DEVELOPMENT INFORMATION CONFIRMATION

Size of Existing Building (m2):	_____	_____	_____	SP/ZBA Application Date	_____
	Above Grade (GFA)	Below Grade	Total (TFA)	SP/ZBA Approval Date	_____
New Development/Expansion (m2)	New Development	Expansion	Total m2		
Type: _____	_____	_____	_____		
Re-Development (m2)	Conversion/Interior Alteration		Demolitions	Demolition Confirmed	Yes / No
Type: _____	From	To	Permit #	_____	_____
_____	_____	_____	Date of Permit Issued (MM/DD/YY)	_____	_____
Residential Unit	Type	_____	Demolition Confirmed	_____	_____
_____	_____	_____	Non-residential demolition TFA (m2)	_____	_____
_____	Number of Units	_____	Non-residential demolition GFA (m2)	_____	_____
_____	_____	_____	Residential demolition	Type _____	_____
_____	Previous Use	_____	Number	_____	_____

Staff Comments: _____

(Reviewed By - Print Name) (Initial) (Date)

FOR THE REGION/LOCAL MUNICIPALITY/BOARD OF EDUCATION USE ONLY - DC CALCULATION

	Region		Local/EDC	Staff Comments:													
	Retail	Non-retail															
DC Rate/m2 (Effective until):	\$ _____	\$ _____	\$ _____	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>													
Chargeable Floor Area (m2):	_____	_____	_____														
Proposed Floor Area	_____	_____	_____														
Less: Category Exemption	_____	_____	_____														
Expansion Exemption	_____	_____	_____														
Net Chargeable Floor Area	_____	_____	_____														
Below Grade Floor Area (for EDC)	_____	_____	_____														
Net Chargeable Floor Area (for EDC)	_____	_____	_____														
DC Payable:																	
Total DC	\$ _____	\$ _____	\$ _____														
Less: Demolition Credit	_____	_____	_____														
Conversion Credit	_____	_____	_____														
Other	_____	_____	_____														
Net DC Payable:	\$ _____	\$ _____	\$ _____														
Total To Be Collected (Retail + Non-retail)	\$ _____																
	_____	_____	_____	<input type="checkbox"/> Executed Regional Agreement													
	(Prepared By)	(Approved By)	(Date)														