



APPLICATION FOR A SHARED DWELLING LICENCE

Application Type:

Initial Application

Licence Renewal

Owner Information:

Full Name: _____

Mailing Address: _____

E-mail: _____ Phone: _____

Operator Information:

Full Name: _____

Mailing Address: _____

E-mail: _____ Phone: _____

Property Information:

PID: _____ Address: _____

of Sleeping Rooms

of Toilets

of Showers/Bath tubs

Kitchen Facilities

of Parking Spaces

Application Checklist:

Please ensure all items are obtained before applying for this licence :

Copy of Approved Development Permit

Copy of Occupancy Permit

Labelled Floor Plan

Proof of Insurance

I _____ (name, print) certify that:

1. The information contained in this application, attached plans and other documentation, is true to the best of my knowledge.
2. If the owner is a corporation, partnership, or individual other than myself, I have been authorized to sign on their behalf.
3. I acknowledge that Municipal and all other appropriate authorities with jurisdiction may enter the property, including all buildings and Dwellings, in order to complete initial and renewal inspections, as well as in the instance of determining compliance with this By-law.
4. I consent to the Cape Breton Regional Municipality sharing location data collected through the licencing application process.
5. I understand that this application is not a permit and does not authorize the applicant to proceed with any work until such time as the permit is issued.

Date: _____ Signature: _____

