

**Zoning Search for Retail Sales of Fireworks
Non-refundable Fee of \$200.00 per address/unit
must accompany this application.**

BSD Application No.		
20	-	
20	-	(R1)
Receipt No. _____		

Section 'A' (to be completed by applicant)

Application Date: _____

Address of property to be licensed : _____

Unit No. : _____

Property Legal Description : _____

Name of Business: _____

Anticipated Date of Occupancy: _____

Applicant's Name: _____

Address: _____ City/Town: _____

Postal Code: _____ Primary Phone No. : _____ Fax No: _____

E-mail Address _____

- Based on the information available to us, this department has no objections to the issuance of a license for the property municipally known as _____ for the purpose of Retail Sales of Fireworks.
- Based on the information provided to us, this department is **NOT** supporting the issuance of the license, at this time. _____

Signature _____ Date _____ 20 ____

Theresa Marando/Tina B. Vessio
Zoning Plans Examiner I
(905) 832-8510, Ex. 8883/8705

This application form will be returned to you with our comments. The comments will indicate either our support for the issuance of the License, or our reasons for not supporting the issuance of the License. Any further requests for clearance will require the submission of another application and fee.

Land and Building Use Declaration
(To be completed by the occupant/tenant)

Name of Establishment : _____

Anticipated Date of Occupancy : _____

Description of Main Use or Activity : _____

List other uses or activities : _____

Has there been any construction, alterations or renovation in the premises since the previous license issuance? No Yes

1) Please answer all the following questions :

- a) Will the use include **retail sales**? No Yes
% of Floor Area Devoted to retail sales _____%
- If you answered yes to the above will all the commodities you retail be products of the main use or activity? No Yes
- b) Will the use include **wholesale sales**? No Yes
- c) Will the use include the repair and servicing of equipment/appliances? No Yes
- d) Will the use include the repair or servicing of motor vehicles? No Yes
- e) Will there be any **outdoor storage** of vehicles, goods or materials? No Yes
- f) Will there be any **outdoor display** of vehicles, goods or materials? No Yes
- g) Is there an **outside patio** associated with an eating establishment? No Yes
- h) Will any food be sold to the public for immediate consumption on the property? No Yes
- i) Will food be sold for take-out? No Yes
- j) Are any of the following activities being proposed at this location? No Yes
 Use of compressed flammable gases
 Woodworking Spray painting Welding
 Commercial Cooking
- k) Total number of staff : Males _____ Females _____

2) Identification of Hazardous/Dangerous Materials

Please identify by Trade Name and substance, all hazardous/dangerous materials that are used/kept on the premises. (if additional room is required please attach a separate list.) () Check here if **none** use/kept on premises.

<u>Trade Name</u>	<u>Substance</u>
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
e) _____	_____

3) Declaration

I, _____ of the _____ of _____
(Print Name in Full) (City, Borough, Town, etc.)
in the _____ of _____
(Regional Municipality, County)

I SOLEMNLY DECLARE:

- 1) That I am the occupant, or in the case of a Corporation, an Officer of the occupant Corporation named on this document.
- 2) That the statement herein contained in this Declaration are true and made with full knowledge of all relevant matters and of the circumstances connected with the same.

AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE

Dated at _____ this _____ day of _____ 20 _____

(Signature)

(Position with Company)

Building Standards Comments

Section 'B' ZONING COMPLIANCE/USE

- The subject property is presently zoned _____
under zoning By-law 1-88 as amended. The property is further subject to Exception number 9 (_____)
- The use of a/an _____
does **NOT** appear to be permitted by the relevant zoning requirements. Please contact the Planning Department at **(905) 832-8565** to inquire about an amendment to the Zoning By-law.
- The uses of a/an _____ appears to be permitted by the
relevant zoning requirements, Provided _____

- The uses of a/a _____ is legal non-conforming/lawfully legal.

Initials _____ Date _____ 20__

Section 'C' BUILDING PERMIT RECORDS

- We have no record of a building permit for this occupancy. Please present this form to a Permit Expediter in the Building Standards Department at the municipal offices at 2141 Major Mackenzie Drive for permit application details or call them at **(905) 832-8510 Ext. 8946 or 8230 or 8233**.
- Building Permit No. _____ has been applied for and not issued to date.
- Our records indicate that there is an outstanding Building Permit, No. _____ and an inspection is required to authorize occupancy. For further information, or to arrange for the necessary inspection, please contact the Building Inspection Office at **(905) 832-8511**.
- An outstanding order exists against this property and/or unit No. _____ Contact the Building Inspection Office at **(905) 832-8511** for further information.
- The construction under Building Permit No. _____ at the subject property , was inspected by a City Building Inspector on _____ and was found to be in reasonable conformity with the requirements of the Ontario Building Code. Occupancy of the premises as a/an _____ with a maximum Occupant Load of _____ was authorized at that time.

Initials _____ Date _____ 20__

Section 'D' CHANGE OF USE REQUIREMENTS (if applicable)

- The proposed occupancy is considered to be an increase in hazard from the previous occupancy, requiring a Change of Use Permit. Please present this form to a Permit Expediter in the Building Standards Department at the municipal offices at 2141 Major Mackenzie Drive for permit application details or call them at **(905) 832-8510 Ext. 8946 or 8230 or 8233**.

Initials _____ Date _____ 20__

Building Standards Department Recommendation

Based on the information available to us, this department has no objections to the issuance of a license for the property municipally known as _____
for the purpose of _____

Based on the information provided to us, this department in **NOT** supporting the issuance of the license, at this time. _____

Signature _____ Date _____/20__
Theresa Marando/Tina B. Vessio
Zoning Plans Examiner I
905-832-8510 Ext. 8883/8705

Buildings Standards Department Revised Recommendation
(provided within 60 days of original comment date)

Based on the information available to us, this department has no objections to the issuance of a license for the property municipally known as _____
for the purpose of _____.

This department is **NOT** supporting the issuance of the license, at this time. _____

Signature _____ Date _____/20__
Theresa Marando/Tina B. Vessio
Zoning Plans Examiner I
905-832-8510 Ext. 8883/8705

For matters falling outside the jurisdiction of the Building Standards Department, such as City of Vaughan Fire Department, Region of York Health and Plumbing Departments, and Ontario Hydro, please contact them directly for a reply.