

**Zoning Search for Retail Sales of Fireworks  
Non-refundable Fee of \$206.00 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 \_\_\_\_\_%
- f) Will there be any **outdoor display** of vehicles, goods or materials? No  Yes
- If you answered yes to the above will all the commodities you retail be products of the main use or activity? No  Yes
- g) Is there an **outside patio** associated with an eating establishment? No  Yes
- b) Will the use include **wholesale sales**? No  Yes
- h) Will any food be sold to the public for immediate consumption on the property? No  Yes
- c) Will the use include the repair and servicing of equipment/appliances? No  Yes
- i) Will food be sold for take-out? No  Yes
- d) Will the use include the repair or servicing of motor vehicles? 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
- e) Will there be any **outdoor storage** of vehicles, goods or materials? No  Yes
- 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.

Trade Name

Substance

- 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\_\_  
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*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.*