



**Development and Parks  
Planning Department**  
2141 Major Mackenzie Drive  
Vaughan, Ontario L6A 1T1  
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[www.vaughan.ca](http://www.vaughan.ca)

## MUNICIPAL ADDRESSING APPLICATION FORM

DATE SUBMITTED: \_\_\_\_\_

APPLICATION FILE #: \_\_\_\_\_  
(refer to Subdivision/Site Plan)

EXISTING PROPERTY ADDRESS #: \_\_\_\_\_  
(if applicable)

LEGAL DESCRIPTION OF PROPERTY #: \_\_\_\_\_

REGISTERED PROPERTY OWNER (name in full): \_\_\_\_\_

Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT NAME(S): \_\_\_\_\_  
(refer to Subdivision/Site Plan) (If different from owner name)

Applicant is:

Owner     Agent     Solicitor     Planning Consultant     Architect     Contractor     Tenant     Other

Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Submission Requirements Checklist

### Please Check Items Submitted with Application

Completed Municipal Addressing Application Form
1 Copy of Stamped Property Survey OR Registered/Reference Plan
Latest Digital Site Plan Submission as per City Requirements
Registered Transfer Document or PIN Abstract for New Lots Created by Severance

I \_\_\_\_\_ of the City/Town of \_\_\_\_\_, in the Province of \_\_\_\_\_, solemnly declare that:  
(Name of Applicant)

1. I am  the registered owner of the lands described in this application; and  
 the authorized agent of the owner of the lands described in this application; and
2. All of the above statements contained within this application are true and I make this solemn declaration conscientiously believing it to be true and knowing that it is the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Authorization of Agent (if applicable):

As of the date of this application, I am the Registered Owner of the lands described in this application and I have examined the contents of this application and hereby certify that the information submitted with the application is correct insofar as I have knowledge of these facts, and I authorize the submission of this application on my behalf by:

Please print name of Authorized Agent

Signature of Registered Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: You will have two business days to respond with any concerns, otherwise the new address will be circulated to all stakeholders. In accordance with By-law 158-2021, any changes made after will be subject to an address change fee.