



NOTE TO APPLICANTS:

This application form is to be used by persons or public bodies wishing to apply for a Short Term Rental in the Town of Pelham that must be licensed in order to operate.

This Package contains the following:

- Pre-Inspection Checklist
- Sample Site drawing or sketch and Floor Plans
- Licencing By-law No. 4257-2020
- Zoning By-law No. 4256-2020
- Official Plan No. 4255-2020
- Administrative Penalty Process By-law No. 4221(2020)
- Town Noise Control By-law No. 3130-2010
- Town’s Public Nuisances By-law No. 4253 (2020)
- Town Fireworks By-law No. 2951-2008

PROCEDURE:

1. **All applicants must complete the application form in full and return it to the Town Office with the following:**

- a. **PAYMENT**

Payment to The Corporation of the Town of Pelham.

- b. **SITE DRAWING OR SKETCH**

A clear and legible site drawing or sketch of the property, which includes:

- civic address and legal description of the property;
- a photograph of the front of the building;
- the location of the building on the property with setbacks indicated from all property lines;
- the location and dimension of the parking area and the required parking spaces;
- the location of the driveway access to the required parking spaces;
- the location and dimensions of the outdoor amenity area(s); and
- fencing, landscaping or other buffering if required.

- c. **FLOOR PLAN**

A floor plan with accurate dimensions showing an emergency evacuating plan inclusive of each bedroom, sleeping area, smoke alarm, extinguisher and existing egress door or window.

For renewal applicants only: Please note that existing site drawing (s) or sketch(s) and floor plan(s) on file for your property, on condition that they are still accurate, are sufficient for the purpose of renewing an application. **IF** amendments are necessary, please include the revised drawings with your application.

d. CERTIFICATE OF INSURANCE

A certificate of insurance, from an insurance provider, satisfactory to the Town is required and must clearly outline the following (see attached sample for further clarification):

- Policy Number;
- Policy expiration date;
- the property address of the Short Term Accommodation;
- full name of the insured;
- general liability insurance in an amount of no less than \$2 million; and
- a signature from an insurance representative.

*For **renewal applicants** only:* Please note that existing certificate of insurance on file for your property, on condition that it is still in effect, is sufficient for the purpose of renewing an application. A copy of a valid certificate of insurance is required should the certificate on file be expired.

e. Copy of Advertisement of the Short Term Accommodation, if applicable.

Please be advised that renewed certificates are to be sent to the Clerk’s Department prior to the expiration date. Furthermore, notice is to be given upon cancellation.

2. Upon receipt of a complete application and payment of the applicable fee, the Clerk’s Department will forward the application to:

- Fire and By-law Services (*new applications only*);
- The Town’s Building Intake/Zoning Technician for a review of the status of zoning and building permits (*Applicants will be contacted if a building inspection is required*)
- Corporate Services for a review of the status of municipal tax, water and hydro accounts (*Applicants will be contacted should accounts be outstanding*)

HELP:

If you require assistance in completing this application, or throughout the process, please contact a Planner in the Town’s Community Planning and Development Services Department at 905-892-2607.



**Application for a Short Term Accommodations
Licensing By-Law No. 4257-2020**

Town Use Only

Date Received:	Date Accepted:	Fee Paid:	File No.
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Note: For a renewal application, your operation must have been licensed in 2020.

GENERAL INFORMATION

Name	Address	Phone Nos.
Registered Owner of Subject Land *		Business
		Cell
	Email Address	Fax

* If a numbered company, also give the name and address of the principal owner. If more than one owner, complete an additional page for each owner.

LOCATION OF LAND

Assessment Roll No.	Lot	Concession	Former Twp.
Registered Plan No.	Lot (s)	Reference Plan No.	Part (s)
Municipal Address			

Municipal Water	Swimming Pool	Year Built	Owned	# of Full Time Occupants

Note: If a property is leased, a signed statement from the property owner giving permission for the property to operate as a Short Term Rental must be provided.

ALL LICENCED VEHICLES USED BY THE RESIDENTS		
<i>NOTE: Ensure there is adequate parking shown on the site plan for all vehicles</i>		
Make & Model	Colour	Plate No.

NOTE:

The following sections include several declarations and authorizations that must be signed by the owner of the subject land to which this application applies.

If there is more than ONE owner, an additional declaration and authorization page must be completed and attached to the application for each owner.

AFFIDAVIT OR SWORN DECLARATION:

I/ we, _____ of the _____
(Name(s) of Owner) (City/Town or Township)

in the _____ make oath and say (or solemnly declare)
(Region or County)

that the information contained in this application is true and accurate, the information contained in the documents that accompany this application is true and that the owner as of the day on which this application is made has unconditional ownership of the subject land and has disclosed any agreements or encumbrances that apply to the subject land.

I/we make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of Owner (s)

This _____ day of _____ 20 _____

PERMISSION TO ENTER

I/ we, _____
(Name(s) of Owner)

hereby authorize Council members, Town of Pelham staff and/or the Region of Niagara staff (Public Health) and/or the Niagara Peninsula Conservation Authority staff to enter onto the subject land for the limited purposes of evaluating the merits of this application.

Signature of Owner (s)

This _____ day of _____ 20 _____

COMMISSIONER DECLARATION

Note: The signature of the applicant(s) or authorized agent must be witnessed by a Commissioner for Taking Affidavits, etc. The Clerk and Deputy Clerk are Commissioners, if needed.

DECLARED before me at the _____ of _____
(Town, Township, City)

in the _____ of _____
(Region, County)

This _____ of _____, 20_____.
(Day) (Month)

Commissioner

) TO BE SIGNED IN THE PRESENCE
) OF A COMMISSIONER FOR TAKING
) AFFIDAVITS

Signature of owner

Signature of owner

The personal information contained on this form is collected pursuant to the Planning Act and will be used for the purpose of responding to your application. If you have any questions on the gathering of personal information and the release of any personal information to any person or public body under the Freedom of Information and Protection of Privacy Act, you may contact the Clerk at 905-892-2607 ext. 315.