



The Corporation of the  
Town of Fort Erie

1 Municipal Centre  
Drive Fort Erie, ON  
L2A 2S6  
Web: town.forterie.ca

Phone: 905-871-1600  
Fax: 905-871-9194  
email:mopatovsky@forterie.ca

**APPLICATION FOR RESIDENTIAL EMERGENCY HOSTEL SCHEDULE "9" TO BY-LAW NO. 217-05**

<b>HOSTEL INFORMATION</b>		<input type="radio"/> NEW	<input type="radio"/> RENEWAL
NAME OF HOSTEL:			
Address:			
Postal Code:	Phone:	Fax:	

<b>APPLICANT INFORMATION</b>			
NAME OF APPLICANT:			
Address:			
Postal Code:	Phone:	Fax:	
NAME OF OPERATOR: (if difference from applicant)			
Address:			
Postal Code:	Phone:	Fax:	

<b>DWELLING INFORMATION</b>			
# of beds in residence:	# of washrooms:	# of storeys:	# of residents:
Total habitable floor area:		Date use established:	

<b>SUPPORTING DOCUMENTATION</b>		
The following notices of compliance pursuant to Schedule "9" of By-law No. 217-05 are attached hereto. I further acknowledge that I have retained/received copies of said compliances for my records:		
<input type="checkbox"/> Ontario Fire Code	<input type="checkbox"/> Health Protection & Promotion Act	<input type="checkbox"/> Ontario Electrical Safety Code
<input type="checkbox"/> Building/Plumbing Code Act	<input type="checkbox"/> Zoning By-law	<input type="checkbox"/> Property Standards By-law
<input type="checkbox"/> Extraneous Flow		

<b>DECLARATION</b>	
I, _____ of the _____ of _____ hereby declare as follows:	
<ul style="list-style-type: none"> <li>❖ I am the Owner/Operator of the premises for which this application is being made for a licence to operate a Residential Emergency Hostel.</li> <li>❖ I have read and understand the provisions of By-law No. 217-05 of the Town of Fort Erie.</li> <li>❖ I understand the issuance of a licence shall not be deemed to be a waiver of any law, or by-law and that the licence, if issued, is valid only for the Owner and/or Operator named hereto.</li> <li>❖ I further understand that the licence may be revoked if it was issued on the basis of mistaken or false information or otherwise if I contravene any of the provisions of By-law No. 217-05.</li> <li>❖ I undertake to notify the Clerk of the Town of Fort Erie, forthwith, any change in circumstances from those set out hereto.</li> <li>❖ I have personal knowledge of the facts herein and declare that statements and information given on this application and support documents are true to the best of my knowledge.</li> </ul>	

<b>DECLARED BEFORE ME</b> at the Town of Fort Erie ) in the Regional Municipality of Niagara, ) this _____ day of _____, 20____, )	_____ Signature of Applicant  _____ Date
_____ A Commissioner, etc.	



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**APPLICATION FOR RESIDENTIAL EMERGENCY HOSTEL – FORM 2 – FIRE REPORT**

**Fire Prevention Bureau Number:**

Name of Hostel:

Floor:

Room:

Address of Home:

Postal Code:

Discovery date:

Time:

A.M. ( )

P.M. ( )

Persons involved: (give full name and address)

Discovered by:

Person in charge at time of discovery:

Person who caused fire (if known):

Details of Fire:

Cause:

How extinguished and by whom:

Action taken to prevent recurrence:

Comments

Any observed weakness in prevention methods for this type of fire:

**Signature of Reportee:**

**Date of Report:**

NOTE:

Send or deliver this report to: The Fire Chief