



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 SECOND LEVEL LODGING HOME SCHEDULE "11" TO BY-LAW NO. 217-05

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

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

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

SUPPORTING DOCUMENTATION		
The following notices of compliance pursuant to Schedule "11" 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

DECLARATION
I, _____ of the _____ of _____ hereby declare as follows:
<ul style="list-style-type: none"> ❖ I am the Owner/Operator of the premises for which this application is being made for a licence to operate a Residential Emergency Hostel. ❖ I have read and understand the provisions of By-law No. 217-05 of the Town of Fort Erie. ❖ 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. ❖ 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. ❖ I undertake to notify the Clerk of the Town of Fort Erie, forthwith, any change in circumstances from those set out hereto. ❖ 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.

DECLARED BEFORE ME 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 SECOND LEVEL LODGING HOME – FORM 2 – OCCURRENCE REPORT

Name of Home:

Address of Home: Postal Code:

Date of occurrence: Time of occurrence: A.M. () P.M. ()

Name of Resident:

Year of Birth: Male () Female () Date of commencement of residence:

Brief description of occurrence:

Name of person who discovered or observed occurrence:

Was resident sent to hospital: YES () NO ()

Name of Hospital

Time when physician was notified: A.M. () P.M. ()

Name of physician notified: Physician notified by:

Attending physician's diagnosis and treatment:

Signature of attending physician:

Was Coroner notified: YES () NO ()

Name of Coroner:

Were relatives or friends of resident notified: YES () NO ()

Signature of Reportee: **Date of Report:**

NOTES:

(1) In case of communicable disease or death resulting from accident or an undetermined cause, send or deliver this report to: The Medical Officer of Health, 130 Lockhart Drive, St. Catharines, ON L2T 1W4

(2) Place a copy of this report in the resident's file.



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APPLICATION FOR SECOND LEVEL LODGING HOME – FORM 3 – FIRE REPORT

Fire Prevention Bureau Number:

Name of Home:

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:

NOTES:

Send or deliver this report to: The Fire Chief